Lectures
ON
PUERPERAL FEVER.

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LECTURE I.—PART II.

THE PREVALENCE AND CAUSES OF PUERPERAL FEVER.

ANY continental town will give illustrations, even more striking than London, of the intimate dependence of puerperal fever upon lying-in hospitals. I will begin with Paris.

From 1802 to 1861 the mean mortality of the obstetric hospitals and the obstetric wards in the general hospitals was 4·68 per cent. Analyzing this gross result into smaller periods of time and separate institutions, we find that in the Maison d'Accouchements from 1802 to 1862 the mortality was 4·75 per cent., and in the Hôtel Dieu 3·22 per cent.; in the obstetric wards of St. Louis, from 1808 to 1862, it was 3·98 per cent.; in the much-lauded Lariboisière, for some time supposed to be the realization of the most advanced ideas in hospital construction, the mortality from 1854 to 1862 is exhibited by the frightful figures, 7·86 per cent.—a proportion that claims pre-eminence in the disastrous list.

Nothing can show more strongly the failure of all the means hitherto devised by science to counteract the apparently inevitable fever-producing power of hospitals than the disappointment which has attended the expectations of those who contended that, by improved construction, ventilation, distribution, attendance, and other appliances, hospitals might be deprived of their pernicious influence. In the most recently constructed hospitals, in those which have been most sedulously improved and watched, even in the most recent years, notwithstanding all that experience can suggest, all that science and money can contrive, the mortality in lying-in hospitals cannot be said to diminish. Epidemics still rise and devastate them as before, mocking all efforts, pointing with bitter and unswerving irony to that one remedy, the climax of the life's experience of Cruveilhier—"Turn the key!" It was fervently hoped that the great discussion in the Academy of Medicine in 1858 would be followed by material improvement in the hospitals, and consequent diminution of puerperal fever. How sadly this hope was shattered the following confessions reveal. M. Husson, in his "Etudes sur les Hôpitaux 1862," says: "Ici la mortalité s'élève tout-à-coup d'une manière alarmante. Ce ne sont pas les services les plus aérés et les mieux installés qui sont les moins éprouvés." The Maternité is situated in the locality reputed the most healthy in Paris; it is surrounded by large gardens, and is most carefully administered. In 1854 a better ventilation was established. The institution was closed whenever puerperal fever appeared; and the Dublin system of alternate use of wards was adopted. M. Husson thus expresses the result:—"For sixty years all the combined efforts of the administration and of the chiefs of the sanitary service have failed to expel the scourge of puerperal contagion, and the only palliative a little efficacious hitherto discovered is the instant evacuation of the infected wards."

Trousseau says: "It is in a model hospital (Beaujon) that there rules a mortality so enormous that if it were the type for the whole country, out of the 900,000 to 950,000 labours taking place yearly, there would be 80,000 deaths, and France would be a desert in less than fifty years."

But the average or mean mortality in lying-in hospitals, as drawn from a long series of years gives but a faint idea of the terrific desolation attending the periods of intensity of the scourge. Take the following passages from the history of the Maison d'Accouchements. In 1829 an epidemic under the name of peritonitis carried off in the single month of January 43 women. In 1831, "puerperal typhus" carried off, in January, February, and March, 135 women. In April, 1841, peritonitis destroyed 46 women. In October, 1843, "metro-peritonitis" and puerperal fever destroyed 67 women. And, lastly, epidemics raging alternately in the different eleven obstetric services made 438 victims in 1860, and 577 in 1861.

During the periods of intensity the deaths in the Maternité were 1 in 3.

Cruveilhier, illustrating this proposition, says that out of a series of 15 women delivered in twenty-four hours, 10 died.

Dr. Hardy relates that in the year 1860 every case of turning practised in the Maternité of St. Louis was followed by fatal metro-peritonitis.

Upon the Maison d'Accouchements the administration has lavished every resource. Its average mortality during sixty years was 4·75 per cent. In 1860 it was 11·59 per cent.; in 1861 it was 11·24 per cent. In the Cliniques from 1835 to 1862 it was 4·56 per cent.; in 1860 it was 5·74; and in 1861 it was 10·97 per cent.

Are not facts such as these enough to overwhelm the hospital enthusiast with despair? Where are his grounds for resisting the injunction, "Turn the key"?

Simultaneously with these disastrous events in the hospitals what was the obstetric history of the extrà-nosocomial population of Paris?

Dr. Tarnier records that during 1856, 2478 labours with 114 deaths from puerperal fever took place in the Maison d'Accouchements; and during the same period 3222 labours occurred in the twelfth arrondissement of Paris, with a mortality of 14 deaths only, or 1 in 332. This result of domiciliary midwifery in Paris is strikingly analogous to our experience here.

Again, Depaul informs us that in 1838 to 1841 a society was established in Paris for delivering poor women at their homes. 1258 labours were conducted without a death!

Again, in Rouen, Depaul says that in two epidemics in 1845–6 one-third of the women delivered in the Hôtel Dieu died, and *no case extended to the town.*

Let us extend our survey. From St. Petersburg we have important evidence. Dr. Hugenberger published in 1862 a comparative history of puerperal fever in the lying-in hospital and in the town. He informs me that he was incited to this work by reading a report I had published of one year's work of the Royal Maternity Charity. From 1845 to 1859, 8036 labours took place; 15 per cent. fell sick, and 3 per cent. died. The fever raged epidemically in 1846. It began and spread in the institution. There were days when nearly every lying-in woman appeared more or less ill; and cases beginning gradually and mildly had the worst results. During these fifteen years, excluding country and non-Christian communities, there were registered in St. Petersburg 235,293 births, and 2520 deaths in childbed. Of these, 25,711 labours and 1117 deaths belonged to hospitals, giving one-ninth of the labours and nearly one-half the deaths to the hospitals. Subtracting the hospital cases, there remain for home practice 209,582 births, and 1403 deaths. The hospitals give a mean mortality of 43 per 1000; the town, of 7 per 1000. Dr. Hugenberger made out unequivocally that there was a want of coincidence between the childbed mortality inside and outside the hospitals; that whilst puerperal fever raged inside, labours out of doors were safe; that during the fifteen years puerperal fever never raged in the town.

Dr. Hugenberger did not shrink before the logical deduction from his researches. He tells me that he will advise the Russian Government to adopt a system of domiciliary obstetric succour similar to that of the Royal Maternity Charity.

In Munich a new lying-in hospital was finished in 1856; and this is what Louis Degen, the municipal engineer, reports of it: "Fevers decimate the patients, and there is no safety but in the evacuation of the establishment. This house has failed in spite of the great cost of its construction, and what proves it is that the municipality contemplate turning it to another use."

As occasion offered itself I have taken down the leading figures from reports of other continental hospitals. I have thus returns from Dresden, Graz, Berlin, Leipzig, Munich, Halle, Vienna, Cologne, Osnabrück, Palermo, Greifswald, and Trient. These returns are almost all recent, and refer to the history of the lying-in hospitals between 1850 and 1862. These yield an aggregate number of 32,414 labours, and 755 deaths.

But this number fails to convey a full idea of the proportion of deaths. An indefinite but large number of puerperal women who fall severely ill are "transferred" to the general wards of hospitals. The deaths amongst these escape record. Still, omitting these, we have a mortality of 2·3 per cent. In Vienna, so recently as 1861–2, the mortality exceeded 4 per cent. In Berlin, during the same period, of 357 patients, 46 died! Dr. Credé has described the epidemic that occurred in November, 1862, in the Royal School of Midwifery, Berlin. The fever raged so that no woman escaped. The house was closed.

I think we have now established that an overwhelming excess of cases of puerperal fever belonging to our first division of external causes is due to hospital influence. We might therefore with rigid accuracy call this, the most destructive form of the disease, *hospital puerperal fever*. I believe that notwithstanding the many ingenious arguments advanced to the contrary abroad, the disease is generated, manufactured, propagated inside the hospitals. It follows therefore as a logical necessity that by the simple suppression of lying-in hospitals this deadly manufacture would be arrested, and that many lives would thus be rescued. Could we but cut off the chief source of this scourge of lying-in women, a reform would be accomplished surpassing in importance all other improvements in obstetric practice.

One might have expected that facts such as those here collected, which are well known, which have been freely and deeply discussed, would have chilled the ardour of the most enthusiastic champion of the hospital system. They have indeed made illustrious converts. Cruveilhier and Hugenberger openly advocate home succour to lying-in women. But the great lesson taught by science, and enforced by humanity, has not yet penetrated the stubborn defences of Custom and Prejudice. The arguments against substituting domiciliary aid for hospitals are thus enumerated by M. Husson:—

1. The increased expense. To this it may be answered that, if true, the increased expenditure of money would be compensated by a saving of human life; and, secondly, that hospitals are probably by far the more expensive.

2. The class which resorts to hospitals consists of servants, girls living in furnished rooms, lone women driven to desert their homes at the moment of delivery, or women who fly from the drunkenness or brutality of their husbands. In England, says M. Husson, where there are few hospitals, the alternative of this class is the workhouse or infanticide. The force of this argument cannot, I confess, be altogether broken. Some asylum for misery, some hiding-place for shame, must be found. But for cases of this nature small hospitals will suffice, at least in this country. These ought to be provided on the "cottage" principle of Mr. Napper of Cranley. Never should more than one puerperal woman be placed in one room. Whensoever lying-in hospitals on the continental scale shall be found necessary here, it will be a signal of the degradation of our national character, and especially of the decay of those domestic virtues which form the pride and the stay of English society. I am not prepared with evidence to test the accuracy of the statement of M. Husson that infanticide is more common in England than in Paris. I am told by the highest statistical authority that there is no evidence to prove this statement. And I am sure that a very instructive lesson might be drawn from a study of the religious, moral, and political causes which link the Foundling institution to the lying-in hospital abroad. The Foundling is the inseparable complement of the hospital. The question of infanticide and Foundling hospitals is a large one, branching out into many inquiries of interest which I cannot here pursue. But there is one view so directly appoite that I will state it. The Foundling system is well known to be attended by a large amount of infant mortality. The babes consigned to its charge are farmed out amongst strangers. And this practice is but another form of that which extensively prevails amongst women in easier circumstances, who send their children away to be nursed. In either case the result is an inevitable large increase of infant mortality. I do not wish to suggest that there is any likeness in criminality between the wretched creature who in her frenzy destroys her infant by violence, and the mother who, equally abjuring the duties of maternity, deliberately abandons her child to the care of strangers, thus taking away from its chance of life. But if the verdict is to be influenced by the answer to the question, which system offers the greatest security to infant life? the statesman and the moralist may well pause before pronouncing in favour of the lying-in hospital and the Foundling. The decrease of the population in France has been the subject of serious discussion. The French mode of dealing with parturient women and with new-born infants is certainly one of the main causes of that decrease.

3. M. Husson objects that the substitution of home-midwifery would entail the loss of the hospitals as schools. This I am afraid is a very weighty argument. It scarcely seems to enter into the minds of physicians abroad that it is possible to learn the obstetric art elsewhere than in hospitals. It was the minister Chaptal who conceived the project of founding a great school of midwifery destined to recruit and to form a body of students for the whole French territory, and he announced in 1802 the creation at the Maternité of a theoretical and practical school of midwifery for the admission of students. The plan of collecting women together in hospitals for the purposes of instruction is almost exclusively relied upon on the Continent. Dubois thinks that without hospitals obstetric science would decay. Danyau follows in the same track. If this argument were well founded obstetric science and practice must be at a low ebb in England! Yet where have they flourished more, if the saving of lying-in women and of children be the end to be attained, and the test of success? The contributions to obstetric art by Englishmen are not insignificant. The forceps and the induction of premature labour are of English origin. Hospital teaching did not produce them. Our English system of instruction by taking pupils to the homes of lying-in patients has advantages for quiet observation and in training for the responsibilities of practice which the hospital system cannot give. It turns out every year a body of practitioners who for skill and a tender respect for woman are unsurpassed in the world.

And what, let us ask again, is the end of obstetric science? Is it not to succour and save lying-in women and their children? Does the hospital or the home attendance effect this best? We have surely had experience enough to decide this question. That system which destroys by an artificial disease, by an added danger inherent to itself, is surely self-condemned. What is it that lying-in hospitals teach? Much, no doubt, that is valuable. But that which hospitals possess an almost special privilege of teaching is puerperal fever. But then they manufacture the disease which is the subject of study. Is it better to provide subjects for the study of the disease, or to suppress the disease? Is not this a case where "ignorance is bliss"? Have we the right to immolate one woman in order that a student may learn how to conduct the labour of another? What charity is that which, shrinking in despair before the spectacle of her victims, confesses her impotence to save, and closes her doors? The stream of true charity need never be interrupted. True charity never "turns the key" against distress. The charity of the lying-in hospital is a treacherous boon, envenomed as the tunic that Nessus gave to Dejanira.

ON

THE DETERMINATION OF CHLORINE AND UREA IN THE URINE BY LIEBIG'S METHOD WITH PROTONITRATE OF MERCURY.

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PART I.

As the volumetric method is now almost universally employed in the analysis of the urine, and as indeed this method is the only one applicable to the purposes of the physician, it is essential that the processes adopted for the determination of the several constituents of the urine should be strictly correct.

Desiring to assure myself of the accuracy of the several processes usually employed, I have instituted a number of experiments with the mercurial solutions, whereby the amounts of chlorine and urea are generally determined. The results obtained are so contrary to those which I had reason from the statements contained in works treating on volumetric and urinary analysis to anticipate as to render it desirable that they should be recorded, so that they may be either refuted or confirmed.

I will treat, first, of the mercurial solution for chlorine.

THE MERCURIAL SOLUTION FOR CHLORINE.

The work of Neubauer and Vogel, high authorities on the volumetric analysis of the urine, contains the following direc-

tions, founded upon Liebig's method for the determination of the chloride of sodium:—

First, instructions are given for the preparation of a 2 per cent. solution of chloride of sodium, of a 4 per cent. solution of urea, and of a solution of protonitrate of mercury, made by dissolving 17·06 grammes or 263·23 grains of pure mercury in the smallest possible quantity of nitric acid, and diluting with water to a litre or 15,430 grains; every 10 decems or 100 grains of which solution contains, therefore, 1·842 grains of oxide of mercury, being the equivalent of 1 grain of chloride of sodium; consequently 20 cubic centimetres or 20 decems of this mercurial solution should need 10 cubic centimetres or 10 decems of the salt solution, holding in solution two grains of salt.

The determination of the strength of the mercurial solution is directed to be ascertained in the following manner:—10 cubic centimetres or 10 decems of the standard solution of chloride of sodium are measured off by a pipette; 3 cubic centimetres or 3 decems of the solution of urea, and 5 cubic centimetres of a cold saturated solution of pure sulphate of soda, are then added; the mercurial solution is now allowed to flow slowly into the above mixture, with continual agitation until a permanent precipitate appears in the fluid.

These directions are essentially identical with those given in other works treating of Volumetric Analysis, and especially of the analysis of the urine—as, for example, in the works of Fresenius, Miller, Sutton, Bird, Beale, and Thudichum; and they were literally and exactly followed by myself in the experiments about to be detailed, with the single difference that the solution was made, in the first instance, from the red oxide of mercury, in place of from the metal itself, which, however, could not have occasioned any material variation in the results.

In every trial—and many were made—the solutions obtained by dissolving 184·2 grains of red oxide of mercury in the smallest possible quantity of nitric acid, and making up to 10,000 grains, when tested in the ordinary manner with a 2 per cent. solution of chloride of sodium, were found to be much too weak, and this to the same extent: thus, 10 decems or 100 grains of the salt solution, containing 2 grains of chloride of sodium, invariably required for the production of a permanent precipitate 23·2 decems or 232 grains of the mercurial solution, containing 4·273 grains of oxide, in place of 20 decems or 200 grains, holding dissolved 3·684 grains of oxide.

Subsequently the solution was made from mercury itself, and this was also found to be too weak, and that in the same ratio.

That the oxide employed was pure is sufficiently shown by the fact that 10,000 grains of the solution furnished 183·6 grains of the 184·2 of oxide added, leaving only a trifling deficiency of six-tenths of a grain to be accounted for.

The salt solution was tested by precipitation with nitrate of silver. The chloride of silver from 1000 grains of the solution, containing 20 grains of salt, when ignited and weighed furnished an amount of chlorine equal to 19·92 grains of chloride of sodium.

How, then, it may now be asked, is a result so remarkable, and so different from what was to be anticipated from the descriptions contained in works treating on Volumetric Analysis, to be explained? I thought at first that it might be owing to a portion of the mercury used existing in the solution in the form of some sub-salt or sub-oxide; but this idea was negatived by the circumstance that the solution failed, on the addition of hydrochloric acid, to give the smallest trace of precipitate of subchloride of mercury; and that the oxide thrown down by liquor potassæ, in place of being of a dirty-yellow colour, from admixture with the black oxide, was of a bright-golden tint. Moreover, had the solutions contained compounds of mercury other than the protonitrate, it might have been expected that the results with different solutions would have varied, in place of being constant.

In order to obtain a solution of the requisite strength, I found it was necessary to add to the 184·2 grains, 25·7 grains additional of the oxide. Of this solution exactly 20 decems were needed to produce the permanent turbidity occasioned by the formation of the compound of urea and nitrate of mercury, of which we shall have to treat more particularly hereafter. The solution thus strengthened furnished on analysis 209·7 grains of oxide of mercury, being a deficiency of only 1·2 grains on the amount added—namely, 210·9 grains.

Now the deficiency in the strength of the solution prepared with the usual quantity of mercury—namely, 184·2 grains, made up with water to 10,000 grains, is equal in the analysis of any urine to 16 grains of salt per cent., or taking 208·88 grains of chloride of sodium as the mean normal daily excretion, according to the best observers, *the excess indicated by the employment of the solution in question would amount to no less than 33·42 grains in the twenty-four hours.*

Desiring to put the preceding observations to the fullest possible test, I obtained samples of the mercurial solutions for chlorine from four different makers, and subjected them to a rigorous examination. Not wishing to give the names of the parties, I will distinguish the productions of the several manufacturers by the letters A, B, C, and D.

Solution A.—23·2 decems of this solution were required to produce the permanent turbidity; it therefore agreed in strength so far with the solutions prepared by myself, made according to the usual instructions, and containing 184·2 grains of oxide in the 10,000 grains of solution.

Solution B.—24·7 decems of this solution were required to occasion the usual turbidity. This solution was much weaker than mine; and had it been employed in the determination of the chloride of sodium contained in any fluid,—as, for example, the urine,—it would have indicated an excess of salt in the day's excretion of no less than 49·08 grains.

Solution C.—19·6 decems of this solution only were needed to produce the turbidity—that is, it was rather stronger than the required strength, in the proportion of 4 grains to every 196 grains. Had this solution, therefore, been used, the amount of chloride of sodium indicated would, on the other hand, have been somewhat deficient of the actual amount present.

Solution D.—No less than 40·4 decems of this solution were necessary to produce the precipitate; so that, had this solution been employed in the determination of the quantity of chloride of sodium contained in a normal sample of the day's urine, the quantity indicated, in place of being 208·88 grains, would have been more than double that amount—namely, 420·88 grains.

The foregoing results are in *some measure* explained by the amounts of oxide of mercury contained in 10,000 grains of the several solutions, and which were as follows:—

Solution A	...	...	212 grains
Solution B	...	...	180·4 ,,
Solution C	...	...	230·0 ,,
Solution D	...	...	125·5 ,,

Looking at these quantities, it appears—

That Solution A contained 27·8 grains in excess of the amount which we are directed to employ in making the solution—namely, 184·2 grains; and yet, singularly enough, it furnished the same indication as the weaker solution, although it really contained very nearly the amount of mercury which, as I have before stated, is required to produce a solution which, upon the addition of 20 decems or 200 grains, shall produce the permanent turbidity in the solution containing 2 grains of chloride of sodium. This singular result I will explain hereafter.

That Solution B contained 180·4 grains in place of 184·2 grains, showing a deficiency of 3·6 grains on the quantity directed to be used; a result, however, which by no means accounts for the greater weakness of the solution as compared with Solution A, and which is as 23·2 to 24·7.

That Solution C contained 230 grains of the oxide, in place of 184·2 grains, the quantity which should have been present according to the instructions given; that is, 45·8 grains more than it ought to have done—a fact which accounts for the solution being somewhat too strong.

That Solution D contained only 125·5 grains of the oxide, instead of the 184·2—a deficiency of no less than 58·7 grains.

These results show, then, that the several solutions obtained from the makers all contained different amounts of oxide, although the instructions given for their preparation are very exact and precise, and they are therefore contrary to those which might have been anticipated.

Remembering that the compound of urea and nitrate of mercury is very soluble in an excess of nitric acid, it occurred to me that the amounts of free acid in the several solutions might serve to explain to some extent the results obtained. I therefore proceeded as follows for the purpose of determining this point:—I first neutralized the free acid of the solutions by the addition of a solution of potash, every decem of which contained an amount of alkali equal to ·1 grain of crystallized oxalic acid, and subsequently noted the points at which the permanent turbidity was obtained. The results of this proceeding, first adopted on one of my own solutions, were as follows:—

My solution, containing 184·2 grains, made with water to 10,000 grains, after correction for dilution, took 22·8 in place of 23·2 decems, the original amount taken; and needed only

3·2 decems of alkali to neutralize the free acid in 40 decems, or 400 grains.

My strengthened solution, containing 210·9 grains of oxide in 10,000 grains of solution, required, the correction for dilution having been made, 19·7 in place of 20 decems, there being 4·5 decems of alkali needed to neutralize the free acid in 40 decems, or 400 grains.

Solution A—19·8 in place of 23·2 decems, there being 22 decems of alkali needed.
Solution B—22·96 in place of 24·7 decems, there being 6·7 decems of alkali needed.
Solution C—18·3 in place of 19·6 decems, there being 8·4 decems of alkali needed.
Solution D—36·8 in place of 40·3 decems, there being 9·8 decems of alkali needed.

It is apparent from these experiments that the amount of free acid contained in the solutions furnished me by the several makers varied much, and to such an extent as to affect most seriously the results obtained.

It next occurred to me that it would be well to ascertain the effect of neutralizing the free acid formed during the course of the successive additions of the mercurial solution to the solution in the beaker containing the mixture of sulphate of soda and urea. The acid being neutralized by the solution of potash after each addition of 5 decems of the mercurial solution, the results obtained were as follows:—

My solution to every 40 decems or 400 grains, of which 4 decems or 40 grains of the potash solution had been added, gave the precipitate, the proper correction having been made by a rule-of-three sum for dilution, when 21·58 decems had been added, showing a difference on the previous trials of 1·22 decems.

My strengthened solution, containing 210·9 grains of oxide in the 10,000 grains of solution, after 3·2 decems of alkali had been added, and correction made for dilution, took 19·2 decems, being a difference of only ·6 decems.

Solution A.—After 8 decems of alkali had been added, gave the precipitate at 18·8 decems, being a difference of 1·0 decem.

Solution B.—After 4 decems of alkali had been added, 22 decems were needed, being a difference of ·96 decem.

Solution C.—After 6·3 decems of alkali had been added, 17·2 decems were necessary for the permanent turbidity, a difference of 1·1 decems.

Solution D.—After 4·6 decems of alkali had been added, 34 decems were needed to produce the precipitate, a difference of 2·8 decems.

These results on the effects of free nitric acid are very instructive and important, and prove that it is essential that not one drop more nitric acid should be employed in making the solution beyond what is absolutely necessary to effect the solution of the oxide or metal, as the case may be, and to bring them into the state of protonitrate of mercury.

The addition of the sulphate of soda to the solution containing the salt and urea was made, as directed, in the whole of the above experiments. On adding the mercurial solution, the nitric acid set free combines with a part of the soda, nitrate and bisulphate of soda being formed. The sulphate of soda is therefore added to neutralize the nitric acid, which would otherwise remain in solution, and retard the production of the precipitate; and this object it appears as far as it can to accomplish, for a second addition of the sulphate equal to that first made produces no further result, although the potash solution does so, owing probably to its neutralizing the second atom of the sulphuric acid of the bisulphate of soda.

I will not now comment upon the preceding results, which will be most easily understood by reference to the annexed Table I., further than to remark that it is a most unsafe proceeding to prepare the mercurial solution for chlorine by simply dissolving a given quantity of mercury in nitric acid, and diluting the solution up to a certain amount, without in all cases titrating it with a standard solution of chloride of sodium, the absolute purity of which has been ascertained by a quantitative determination with nitrate of silver, and without also proving that the mercurial solution is free from the smallest excess of nitric acid. If these proceedings were adopted in all cases—and it is evident from the analyses given of the solutions that they are usually disregarded,—the errors arising from a moderate excess of free acid would be but slight.

The best means of avoiding an excess of nitric acid is to dissolve the mercury in such a quantity of the acid as that, on dilution with water, a moderate precipitate of subnitrate or suboxide of mercury takes place; and which, after being allowed to completely subside, and on pouring off the clear supernatant liquid, should be redissolved by a further addition of the smallest possible quantity of nitric acid. Proceeding in this manner, and in practised hands, the solution may be so prepared that titration with chloride of sodium is unnecessary. However, I recommend that this be never omitted, as it is obvious from the analyses given it has been by most of the makers from whom the solutions were obtained. In making the solution from mercury itself, the presence of suboxide is most particularly to be guarded against, and it may be readily detected by the addition to a drop or two of the solution of either a little chloride of sodium or hydrochloric acid.

TABLE I.

Solution of Nitrate of Mercury for Chlorine.

Before being strengthened.

Red or protoxide of mercury, HgO; 184·2 grains, the quantity directed to be employed, dissolved in nitric acid, and made up to 10,000 grains.
Oxide found 183·6 grains.
10 decems of a 2 per cent. solution of chloride of sodium needed 23·2 decems of this mercurial solution for the production of the permanent precipitate.
After neutralization of free acid with 3·2 decems of potash solution—10 decems of salt solution took 22·8 decems.
After neutralization, both before and after successive additions of the mercurial solution, with in all 7·2 decems of the potash solution—10 decems of salt solution took 21·58 decems.

After being strengthened.

Red or protoxide added; 184·2 + 26·7 = 210·9 grains dissolved in nitric acid, and made up to 10,000 grains.
Oxide found 209·7 grains.
10 decems of a 2 per cent. solution of chloride of sodium needed 20 decems.
After neutralization of free acid with 4·5 decems of alkali—10 decems of the salt solution took 19·7 decems.
After neutralization, both before and after successive additions of the mercurial solution, with in all 7·7 decems of the alkaline solution—10 decems of the salt solution took 19·2 decems.

Solution A.—First Maker.

Oxide found in 10,000 grains of solution—212 grains.
10 decems of the 2 per cent. solution of chloride of sodium needed—
Before neutralization of free acid—23·2 decems.
After neutralization of free acid with 22 decems of alkali—19·8 decems.
After neutralization, both before and after successive additions of the mercurial solution, with in all 30 decems of the alkaline solution—18·8 decems.

Solution B.—Second Maker.

Oxide found in 10,000 grains of solution—180·4 grains.
10 decems of the 2 per cent. solution of chloride of sodium needed—
Before neutralization of free acid—24·7 decems.
After neutralization of free acid with 6·7 decems of alkali—22·96 decems.
After neutralization, both before and after successive additions of the mercurial solution, with in all 10·7 decems of the alkaline solution—22·00 decems.

Solution C.—Third Maker.

Oxide found in 10,000 grains of solution—230·0 grains.
10 decems of the 2 per cent. solution of chloride of sodium needed—
Before neutralization of free acid—19·4 decems.
After neutralization of free acid, with 8·4 decems of alkali—18·3 decems.
After neutralization, both before and after successive additions of the mercurial solution, with in all 14·7 decems of alkali—17·2 decems.

Solution D.—Fourth Maker.

Oxide found in 10,000 grains of solution—125·5 grains.
10 decems of the salt solution needed—
Before neutralization of free acid—40·3 decems.
After neutralization of free acid with 9·8 decems of alkali—36·8 decems.
After neutralization, both before and after successive additions of the mercurial solution, with in all 14 decems of the alkaline solution—34·0 decems.

Wimpole-street, Feb. 6th, 1865.

CONTRIBUTIONS
TO THE
PRACTICAL SURGERY OF DISEASES OF CHILDHOOD.

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SURGEON TO THE HOSPITAL FOR SICK CHILDREN, AND ASSISTANT-SURGEON TO ST. GEORGE'S HOSPITAL.

No. V.—ON THE TREATMENT OF CARIES OF SINGLE BONES OF THE TARSUS AND METATARSUS BY EXCISION OF THE ENTIRE BONE.

(*Continued from page 60.*)

SEVERAL objections occur to the proposal of removing tarsal bones entire instead of piecemeal. They are as follows:—

1. That the operation is a very much more severe one, and involves a more protracted convalescence. 2. That it is a very difficult surgical proceeding, and cannot be effected without injury to important vessels, nerves, and tendons. 3. That it leaves the foot in a less useful condition than the stump after amputation at the ankle. 4. That the same results can be procured by what is termed subperiosteal resection; that is to say, by scooping the whole bone away piecemeal.

I will examine these objections seriatim. First as to the severity of the operation. It cannot be denied that the total extirpation of any of the tarsal bones, and particularly of the os calcis or astragalus, leaves a very large gap to be filled up, and requires very extensive incisions; while, on the other hand, a carious cavity can be gouged out through a simple cut of moderate length. If, however, the latter operation is to turn out useless, its simplicity will be a poor argument for adopting it. These excisions in the tarsus do, indeed, involve a long convalescence: the foot cannot, in ordinary cases, be placed on the ground in less than a quarter of a year, even if everything goes on as favourably as possible; but they are not liable to be followed by much constitutional disturbance, and in healthy children recovery may be confidently expected. Besides, during the latter period of the treatment the patient need not be confined to bed, nor even prevented from walking about on a wooden leg. Therefore the difference of a few weeks in the time which the respective cavities take to granulate is of little or no moment, if it be true that in the partial operations sinuses are usually left communicating with diseased bone, and that the disease will spread again after the child has been running about for a little while, or after slight injury, while after the radical operation a sound cicatrix will be formed which will remain sound and healthy during the rest of life.

The second objection is to the difficulty of the operation, and the importance of the parts necessarily injured. It is true that, in order to remove entire one of the larger bones of the tarsus, large flaps have to be made, and a somewhat formidable dissection encountered; but in children, at any rate, the operation need not last very long, and is not very bloody. I do not think that in any of the cases referred to below of excision of the os calcis or astragalus the child was under chloroform longer than a quarter of an hour; and in none of them did more than a single artery require to be tied. As to the parts which have to be divided, if the os calcis be removed by the operation described by Mr. Guthrie* and devised by Mr. Hancock—i.e., by making a flap out of the heel like the posterior flap of Syme's amputation,—then the posterior tibial vessels and nerves and all the tendons which pass into the sole of the foot will necessarily be cut through, and much loss of power in the foot will perhaps result, if not some loss of nutrition also. But none of these parts need be injured. The incisions by which the os calcis was removed in the three cases noticed below do not involve the injury of any considerable vessel or nerve whatever. The posterior tibial artery need not be wounded, and was not wounded in any of those cases; nor was it, in fact, usually necessary to use any ligature at all. Excepting the tendo Achillis, no tendon is cut but those of the peronei, and even these might possibly be spared. The operation is perfectly simple even when the calcaneo-astragaloid joints remain entire, and when these are destroyed by the disease it becomes of course proportionally easier. But it leaves a large bag in which pus collects after the operation, and usually requires other incisions for its release. Possibly, passing a drainage-tube through the cavity at the time of the operation would be a useful precaution; I have found much convenience from the use of such a tube in the after-treatment.

The operation for removing the astragalus when diseased is a more difficult one than that for excising the os calcis, and involves an incision across the dorsum of the foot, in which the anterior tibial vessels and nerve must necessarily be divided, and most of the extensor tendons. I have only once performed this operation (and then, I must allow, the operation was of doubtful necessity); but in that instance, although the thickening over the bones was very great, I found it possible to spare one at least of the tendons—viz., that of the peroneus tertius, and there was slight power of moving the foot after the child's recovery. In this operation also there is a very extensive gap to fill up, and a long period of treatment to be gone through; but the experience of those numerous cases in which this bone has been dislocated, and afterwards removed, shows that after recovery a very useful foot may be expected. It was the accidental occurrence of a case of this kind, under my own care at the time, which emboldened me to undertake the removal of the whole astragalus from its bed in this instance. I found the operation not very difficult by a curved incision, extending nearly from one malleolus to the other, and reaching forwards as far as the front of the scaphoid bone. The chief caution required in the operation is to divide all the ligaments which hold the bone in place, and dissect it clean on all other parts before meddling with its posterior surface, where the groove exists for the flexor longus pollicis tendon, near which the posterior tibial vessels and nerve lie. In this operation also I found no vessel, except the anterior tibial, which required a ligature. None of the other tarsal bones present any difficulty, unless it should be desired to excise the middle or external cuneiform bone by themselves. But I am not aware that such cases ever occur. These bones, situated in the centre of the tarsus, are well protected from injury, and only suffer in affections of the bones around them.

The third objection which I have heard made to these operations is, that they leave the foot a less useful member than the stump of an amputation at the ankle. This is so perfectly the reverse of the fact that I should not have noticed the idea, had I not heard the objection from a surgeon for whom I have the highest respect, and did I not know that it influences the conduct of some justly celebrated operators—for instance, those of Mr. Syme's school. I have no hesitation whatever in saying that the foot, after the successful removal of the os calcis, or of the astragalus, and *a fortiori* of the smaller tarsal bones, differs far more for the better from the result of an amputation at the ankle, than it does for the worse from the natural healthy foot. In fact, in many cases of excision of the calcaneum there is very little difference from the healthy foot, except an elevation of the heel to the extent of about half an inch, and a consequent slight limp—not very perceptible if the heel of the boot be correspondingly thickened. The removal of the astragalus is a more dangerous proceeding, yet most surgeons have had an opportunity of seeing that after the removal of this bone, in dislocation, the foot remains perfectly useful. Another very important consideration, on which too little stress is ordinarily laid, is that no apparatus is required after these operations. In a discussion which recently took place at the Pathological Society, on the subject of amputation of the foot at the ankle-joint, I heard, with great surprise, one of the most distinguished practical surgeons present advocate the removal of one or two inches from the bones of the leg; thus converting the operation into an amputation of the lower part of the leg, with no distinguishing feature except that the stump (being furnished by the skin of the heel) might be more than ordinarily able to support the pressure of the wooden leg. But the main recommendation of Syme's amputation would be lost in such an operation. For in these amputations at the ankle, although some special form of boot is needed for continuous exercise, the great convenience is obtained that the patient can walk about the house with no apparatus at all—can start out of his bed and attend to any sudden emergency as well, almost, as if he were unmutilated. To a far greater extent is this the case after excision of the ankle, and still more after excision of the tarsal bones. Beyond a raised sole nothing is required; and even without this raised sole the foot is often quite useful enough to enable the patient to run nimbly. Therefore I need hardly say that I consider this third objection to arise simply from want of experience of the operation.

That the same result can be obtained by subperiosteal resection, or by piecemeal scooping away of the bone, may or may not be true; but this consideration does not, I think,

* Commentaries on Surgery, p. 92.

argue against the operation which it is the object of this paper to recommend. I do not desire to advise the removal of whole tarsal bones in any but those cases where a very large portion, almost the whole, of the bone is hopelessly disintegrated, and would seldom perform such an extirpation, except after a previous trial of partial operation (as gouging, &c.) Now in such cases, where all that remains of healthy or firm bone is only a thin shell of its outer part, I have no hesitation in saying that whether the same result could or could not be obtained by scooping the bone out, no better result could possibly be obtained from that measure than from total extirpation. Besides, the scooping process is at best uncertain; the extirpation, if the cartilaginous surfaces exposed be healthy, is almost sure to succeed. An impression prevails that the original bone is reproduced after the diseased bone has been scooped out and nothing left except the periosteum; but I cannot discover what support this opinion has in recorded cases. The possibility of scooping away the whole bone and leaving the periosteum has not yet been satisfactorily demonstrated; and if there is any case in which the bone has been proved by dissection to have been reproduced, I have failed to find it, though I have hunted diligently in English and foreign surgical literature for it. But after the extirpation of one of the tarsal bones, the resulting cicatrix is firm enough to support the weight of the body, and to give attachment and leverage to the muscles, and we should require very cogent demonstration to convince us that any bone which could be reproduced from the shreds of periosteum that would be left after the scooping process could replace the bone to any better purpose. The idea that after the scooping out of the diseased bone, a perfect case of periosteum, of the same shape and extent, is to be left behind, and that from this case the original bone is to be produced afresh, seems to me almost absurd. In the first place could the operation be so performed? Would it not rather result in leaving behind a shreddy mass, consisting only in part of periosteum, of which again a large portion would perish by the resulting inflammation? Nothing could be produced from such a mass except, perhaps, a few detached osseous nodules, and these would contribute nothing to the firmness of the cicatrix or the usefulness of the limb. On the other hand, is there not great risk, in these scooping or piecemeal operations, of leaving some of the bone which ought to have been removed? I pass over the greater loss of time and loss of blood which such operations entail, since this is really a subordinate part of the question. More blood is generally lost in scraping away the inflamed bone than in exposing its surface by turning down flaps to remove it; but this would be of little consequence if the result were better. On the whole, however, I believe the attempt to scoop away the diseased bone, and leave behind the periosteum, will be found very liable to end in disappointment, and to allow of, or even cause, the extension of the disease to neighbouring parts.

(To be continued.)

ON

THE EFFECTUAL SURGICAL TREATMENT OF HÆMORRHOIDAL DISEASE, AND ITS FREEDOM FROM DANGER.

BY T. J. ASHTON, ESQ., M.R.C.S.

IN the treatment of all diseases requiring surgical operation two important considerations occur, both to the patient and his professional attendant, and especially occupy the mind of the former. The first is as to the danger to life of the proposed proceeding; and the second, whether it will be effectual in removing the disease. Perhaps in no class of cases that come under the observation of the surgeon can these questions be answered more positively in the affirmative than in hæmorrhoidal disease; but notwithstanding this fact a very general opinion prevails with the profession, and also with the public, that such is not the case, and I regret that both are able to refer to many instances in support of their belief. I am desirous of offering a few remarks, showing the error of this impression, and in illustration cannot do better than give a brief account of the cases of two gentlemen who have recently been under my care, and who were doomed to suffer a considerable time,—in the one case, from an eminent physician of Edinburgh, stating that neither medicine nor surgery could afford him relief; and in the other case an equally strong adverse opinion was given by one of the leading physicians of Dublin.

Mr. S——, aged forty, of strong frame and good constitution, had spent many years abroad and in the colonies, sustaining great physical exertion without fatigue. For the last ten years he suffered greatly from three hæmorrhoidal tumours, which increased rapidly in size, and occasioned him extreme pain and annoyance. He had consulted several medical practitioners in various parts of the world without benefit, and in Edinburgh was told he must continue to bear his malady, as nothing could be done for him. On coming to London and meeting with a friend who had been under my care, he was induced to consult me. I saw no reason why he could not be cured of the disease that had so long tormented him. Having previously thoroughly unloaded the bowels on the 13th of December last, he was put under the influence of chloroform by Mr. Clover, and, with the assistance of Mr. Bailey, I applied three double ligatures. Ten days subsequently he dined at his club.

The other case was that of a baronet, brought to me by Dr. Harling in the early part of last year, having suffered many years from large hæmorrhoids, occasioning great pain and constitutional disturbance. I advised an operation; but, as in the previous case, the patient was deterred from submitting by the strongly expressed unfavourable opinion of a leading physician of Dublin. However, as his misery became so great, and as I positively assured him the operation would be effectual in its results and without danger to life, he gave his consent that I should do what was necessary. Accordingly, having previously cleared the bowels, on the 24th of December last, Mr. Clover administered chloroform to him, and with the kind assistance of Dr. Harling, I applied six ligatures to some large hæmorrhoids, into which several arteries of large size could be felt entering. This gentleman made a good recovery, and is free from the bodily pain and mental anxiety his malady had so long occasioned.

Last spring I operated on another gentleman, who had three hæmorrhoidal tumours as large as small oranges, and had endured the disease till he could do so no longer from having been told he could not recover from an operation. Yet, on the tenth day after I had operated on him, he walked from his house in Eccleston-square to mine and back, a distance of seven miles.

Although I could enumerate many similar cases, these are sufficient to show that the disease may be safely, speedily, and effectually cured. But it will be said this success does not attend all cases. My answer is that of the many patients who have now been under my care, I have not lost a single one from pyæmia, tetanus, or other cause; neither have I had one under my care for a longer period than a fortnight. I hear of fatal cases occurring to surgeons, even of great eminence, and can only ascribe my success to "extraordinary luck," as my friend Mr. Clover some years since remarked, or to rigidly acting up to the principles enunciated in my treatise "On the Diseases of the Rectum," the first edition of which was published in 1854—namely, thoroughly ascertaining previous to any operation that the patient is free from organic disease of the cephalic, thoracic, and abdominal viscera; and by medical treatment correcting such general and functional derangement as may be present. And I believe that by not departing from these principles my success will still continue, and also that those who act in like manner will have equal success. The plan I adopt for removing internal hæmorrhoids is incision and the application of fine strong ligatures. I have well considered all other plans of treatment that have been suggested both here and on the continent; but none are so effective and occasion so little pain as the ligature, provided it is properly applied.

Cavendish-square, February, 1865.

MORTALITY IN THE FRENCH ARMY.—Statistical tables are now annually published of the above mortality. The figures for 1862 stand as follows:—The whole army numbered 372,166 men; of these 13,393 were stationed in Italy, 54,040 in Algeria, and 304,733 within the French limits. It is a pity that the regiments employed in Mexico and in the colonies are not included in the tables. The mortality in 1862 was 10·1 per thousand soldiers: the proportions as to localities being, for the home army, 0·0094; for Algeria, 0·0122; and for Italy, 0·0177. These results are certainly cheering, as Benoiston's tables show, from 1820 to 1830, a mortality for the home forces of 20 per thousand; and it was no less than 19 per thousand so late as 1846. It is remarkable that the men quartered in the Papal States lost 237 individuals, whilst the same number in France lost only 126.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. GEORGE'S HOSPITAL.

GENERAL MELASMA AND SHORT HAIR OVER THE ENTIRE BODY OF A CHILD OF THREE YEARS, WITH CONVERSION OF THE LEFT SUPRA-RENAL CAPSULE INTO A LARGE MALIGNANT TUMOUR; THE EXTERNAL ORGANS OF GENERATION RESEMBLING THOSE OF ADULT LIFE.

(Under the care of Dr. PITMAN.)

IF another edition of Millingen's "Curiosities of Medical Experience" were ever called for, the following case would deserve prominent notice, from the remarkable peculiarities associated with it. In the first place, the child, who was large, tall, and well developed for her age, was covered all over with short hair upon a brownish or gipsy-looking skin, which, with the appearance of the slight moustache and sluggish features, made her a striking object. Secondly, the external genital organs were very large and prominent, and covered with long, bushy, and curled black hair on the pubes, much longer indeed than is seen on many an adult; the development and general thickness of the thighs to some extent corresponding with the appearance of the vulvæ and pubes. Yet, notwithstanding this circumstance, all the internal organs, including the vagina, were of the ordinary character and appearance for a child of her tender years. There was no evidence of any menstrual function at all to coincide with the external marks of puberty. We recollect, however, seeing among the out-patients at Westminster Hospital a few months back, a child between five and six years of age, whose pubes was not only covered with hair, but who regularly menstruated, as stated by her mother. Such cases, nevertheless, are rare and exceptional. Thirdly, there was a large and prominent tumour which pointed to the situation of the kidney, but its real nature was not suspected during life.

At birth, this dark and hairy child was not only natural, but considered a fine one, although its complexion at that time was dark. The hair on the body did not begin to grow until it was a year old, and it subsequently became very fat. The lump in the belly was observed but five weeks, and sudden illness came on four days only, before admission into the hospital. The parents and the other children are described as ordinary-looking, although the mother is of dark complexion. After death, the chief feature of interest—indeed we may say, the only one—was found to be the conversion of the left supra-renal capsule into a large cancerous tumour. Pathologically, what inferences can be deduced from this unusual condition in one so young? We are justified in hazarding the opinion that if the law of a connexion between supra-renal disease and cutaneous pigmentary discoloration holds good—and we think it does to some extent,—then is there ground for supposing that the child might have been born with latent disease of the left supra-renal capsule, which, as its disposition to become active slowly increased, manifested itself in exciting some peculiar activity in the integuments with their connexions, and was followed by general growth of the minute hairs, the activity of growth being proportionate in those parts of the body where the hair attains a fuller development at puberty. The presence of such a large malignant mass in the abdomen would in time fatally influence the great functions of life, as occurred in the present instance.

The great discovery of Addison has now so awakened the attention of physicians and pathologists to the watchful observance of everything connected with the supra-renal capsules and their reaction on the skin, that we may expect in the course of time to possess reliable and positive evidence that would strongly bear on such a case as the following. We record it with these prefatory remarks, and also an instance of veritable morbus Addisonii which occurred at the Radcliffe Infirmary, with the view of drawing further attention to a subject of great interest.

Sarah W——, aged three, was admitted Oct. 27th, 1864, in the morning. Her external appearance is described below. She lived but a few hours in the hospital, during which time vomiting was continual, no nourishment being retained for more than a few minutes. On examination of the abdomen, a rounded, hard, slightly movable tumour was easily felt, of which the entire circumference could be traced. This mass occupied the left hypochondriac region, and between its highest part and the back of the xiphoid cartilage the parietes were yielding and resonance was tympanitic. The little patient, who had nothing childlike about its aspect, voice, or manner, was rude and savage, and seemed almost idiotic. It appeared to die from exhaustion. The father was fair, and the mother of dark complexion; both were healthy, ordinary-looking people, with a family of ordinary-looking children. They stated that the child had been suddenly taken with vomiting when in fair health, and immediately after a hearty dinner, four days before admission. It had been naturally born, and accounted a very fine child. Hair began to grow when about a year old, and no change had been noticed in this respect. Its voice had always been remarked as rough. But what had chiefly attracted the attention of the parents and of the child's playmates was its increasing fatness; to remedy this the child was allowed to drink vinegar freely, partly in consequence of its having a great fondness for that liquid. The lump in the belly had been observed five weeks; it had given rise to no other symptom than an increased voracity of appetite. The child had suffered no infantile complaints, save a slight catarrhal attack nine months before its death. It was represented by both father and mother as being, previous to its present illness, of a docile, retiring disposition, and by no means wanting in intelligence.

Autopsy, thirteen hours and a half after death.—The body was tall and broad, and the limbs thick and muscular, for a child three years old. The body was covered with short dark hair, and the skin had a faint mottled redness about it, evidently from excess of vascularity. There was a decided though short moustache. The mons veneris was prominent, and both it and the labia were covered with long bushy hair. It was thought that the tint of the skin was slightly embrowned, somewhat of a gipsy colour. The length of the body was 2 ft. 11½ in.; the breadth across the shoulders, 11 in. The pleuræ were natural, and likewise the lungs, excepting that there was a small encephaloid tubercle near the apex of the left. There was a small patch of old false membrane near the apex of the heart. At the base of the aorta were a few patches of atheroma. In the left cavities were a few small lumps of fibrin, of a very opaque granular character, which had probably been deposited during life. When the walls of the abdomen were turned aside, a large globular tumour came into view, which occupied the greater part of the left side. It lay immediately below the stomach and spleen, and in front of the left kidney, to which it was adherent. The mass was lobulated and very spherical. It measured six inches vertically; five in the other directions. On section, the structure was soft and spongy, and was generally characteristic of soft encephaloid. Under the microscope, it was found to consist of a collection of cells, which were very fatty, while at the same time they had the character of cancer cells. The tumour, with the kidney attached, weighed 2 lb. 5 oz. It was manifest, from its connexions, as well as from the absence of any other representative, that this was the left supra-renal capsule. The right kidney and supra-renal capsule were natural in all respects. The liver contained a small mass of encephaloid, of which the cells were identical with those found in the tumour; this was as large as a chesnut. The vagina was narrow, as natural to the period of childhood. The uterus and ovaries were quite small and undeveloped. The spleen was natural.

SAMARITAN FREE HOSPITAL.

GENERAL HYSTERICAL PARALYSIS TREATED BY THE CONTINUOUS GALVANIC CURRENT; RECOVERY.

(Under the care of Dr. SAVAGE.)

AN unmarried woman, aged nineteen, was brought to the hospital by her mother in September last, to ask the advice of

Dr. Savage. She had always been in indifferent health, and during the last three years gradually lost the power over her arms and legs to such an extent that she is scarcely able to walk even when supported, and entirely incapacitated from doing any work whatever. She first menstruated at fifteen years of age, but has always been very irregular, and the discharge very pale and slight. Sixteen months ago the catamenia ceased altogether, and from that time she became nearly idiotic. At present she is very listless, has a vacant look, and considerable dilatation of both pupils, more especially of the left one. The left iris is scarcely at all influenced even by a strong light. Her voice is almost entirely gone; she can only speak in a faint whisper. She is frequently troubled by pain in the head and the back. Her hands and feet are always quite cold. She complains of sickness in the morning, total want of appetite, and constipated bowels. She has had hysterical (epileptiform) fits. She has been under medical treatment for a long time, but without any benefit.

Seeing this condition of the patient, Dr. Savage consulted with Dr. Althaus, with the view of applying some form of galvanic electricity in order to rouse her nervous system. The latter gentleman made a most careful examination of the state of sensibility all over the body, and found that there was nearly complete anæsthesia of the whole left side, including the conjunctiva. On the right side the loss of sensation was not so much marked as on the left; but the prick of a pin was only felt as if it were a touch by some blunt instrument, and the examination by Weber's compass-æsthesiometer did not lead to any results, as the patient could nowhere distinguish whether she was touched by one point or two. The muscles appeared to be very badly nourished, but they contracted tolerably under the influence of the electro-magnetic current.

In cases like the foregoing, the application of the continuous galvanic current, such as produced by a large number of cells of Bunsen's or Daniell's battery, feebly charged, generally proves curative. It is a matter of doubt whether the current acts directly on the spinal cord, as is asserted by Prof. Remak, or whether it merely acts on the nervous centres by reflex action from the sentient nerves of the skin. The latter opinion is held by Dr. Althaus, who thinks that the resistance offered to the passage of the current by the bones and membranes enveloping the nervous centres is too great to be overcome by a current of such tension as it is safe to apply in the human subject. The principle of reflex action, moreover, is quite sufficient to explain the physiological and therapeutical action of the continuous current, so that it is not necessary to go out of our way and assume principles of electric conduction for the human body different from those which obtain for other physical bodies. However this may be, thus much is certain that the continuous current, if applied in a proper manner, has a distinct action on the nervous centres, such as is not possessed by the interrupted current. In cases, therefore, where the affection proceeds from a lesion of the nervous centres, the continuous current may be used; while for local ailments invading peripheral nerves, the interrupted current is more beneficial.

In the case just mentioned, a current of from forty to fifty cells of Daniell's battery was sent in an inverse direction to the spine, from the nape of the neck downwards to the sacrum, for ten minutes. The operation was repeated twice a week. The pain caused by this proceeding is very insignificant in the majority of cases, and to some patients the sensation is positively pleasant. After six weeks' treatment in the way described, the patient was so much improved that she could walk three miles at a time without support; she could dress and feed herself; was able to do heavy work about the house; had always warm hands and feet; the voice had returned; the bowels acted regularly; and she was cheerful, and took an interest in everything relating to her affairs. The pupils now were quite normal. An examination by means of the æsthesiometer showed that sensation had been quite re-established, on the left as well as on the right side. She was discharged on Nov. 19th, being then in perfect health, with the exception of the amenorrhœa, which still persisted, and an occasional feeling of sickness in the morning.

In this case the disorder was evidently of a merely functional character; but cases which are at present under Dr. Althaus's care seem to show that even in severe structural lesions of the cord and its appendages, the continuous galvanic current, if properly applied, produces highly satisfactory results. One of the cases is that of a girl, aged thirteen, who six years ago had meningitis spinalis lumbaris, contracted by sitting in winter on a cold door-step; and who, having become completely paralysed in the lower extremities, was admitted into Guy's Hospital, under the care of Dr. Gull. She remained in the hospital nine months, but without in the slightest degree recovering the use of her limbs. In October last she was sent to Dr. Althaus by Dr. Leared, under whose care she had been for some time previously. When she was first brought under the influence of the continuous current the paraplegia was complete, the patient being perfectly helpless, and the legs being wasted to the last degree. She is now so far improved that she can move her legs in all directions; and although she is not yet able to stand without support, Dr. Althaus holds out the expectation that by continuing the treatment she will entirely recover. The bulk of the legs has considerably increased, although no local application of the current to the legs has been made.

The continuous current also proves beneficial in what has been recently described as "ataxie locomotrice" by Duchenne, but which is nothing else than the disease long known to the profession as atrophy of the posterior columns of the cord, and described by Romberg as "tabes dorsalis."

Provincial Hospital Reports.

RADCLIFFE INFIRMARY, OXFORD.

MORBUS ADDISONII, ENDING FATALLY; AUTOPSY; CLINICAL COMMENTARY.

(Under the care of Dr. CHILD.)

S. V——, a married woman, aged thirty-seven, was admitted into Frewin ward on July 27th, 1864. The history of the case was gathered partly from the patient herself, and partly from friends after her death. She had been a stout woman, with a fair complexion, and had been ill four or five months. Her only symptoms for some time were weakness and languor, which still continued. About two or three weeks later she began to notice her skin becoming discoloured; and for a short time before she came into the infirmary she had frequently vomited her food. She slept a great deal both by night and by day. Had also lost flesh.

The most striking symptoms on admission were the change of colour of the skin, and the strange manner of the patient. The discoloration affected the face, neck, and forearms. Though it was sufficiently remarkable, and had attracted the notice both of the patient herself and her friends, yet it was confined to those portions of the skin usually uncovered, and was such as might have been produced by exposure to the sun had the patient been a field labourer. The only pain she complained of was slight headache over the eyes and occasional slight griping pains in the bowels. Had menstruated regularly during her illness; was very drowsy, and complained of feeling extremely weak and exhausted. Her eyes were much sunk, and her face and arms looked emaciated, reminding one somewhat of the appearance of the countenance of a person suffering under diabetes. The bowels were rather confined; pulse 108, excessively feeble; the tongue livid-looking, and with a few whitish patches about it. The chest was examined in front only. The lungs appeared to be normal, and the heart's sounds quite natural, but its action was excessively feeble. The breath had a very peculiar fetid odour. She suffered somewhat from hiccough. Her manner was strange from the first; indeed so much so that the other patients seemed afraid to have any dealings with her. She was somewhat deaf, and could with some difficulty be roused to answer questions, but when roused was perfectly rational and coherent in her answers.

No change occurred in the symptoms except that the patient became more deaf. She slept a great deal, and took a good quantity of food, in the shape of wine, eggs, fish, beef-tea, and on one occasion a little meat.

On the night of August 7th the patient became delirious, and talked of people coming to murder her, &c.

On the next day she seemed too feeble to take food, and died at about six P.M. The discoloration of skin had diminished rather than increased while she was in the infirmary.

Autopsy, fifteen hours after death.—The appearance of the body was peculiar, inasmuch as while the face was much emaciated, and the eyes very much sunk, the rest of the body appeared plump and well-nourished, there being a layer of fat upon the abdomen of upwards of an inch in thickness, and one over the sternum of half an inch. The head was not opened. In each lung there was found a small deposit of tubercle at the

apex, and a slight adhesion existed between the layers of the pleuræ opposite this deposit. The heart appeared natural, but rather small and very firmly contracted. The liver and spleen were natural. The mucous membrane of the small intestine was a good deal congested, and the mesenteric glands lying nearest to the kidneys were enlarged. The supra-renal bodies were completely infiltrated with tubercular matter, so as to form two hard solid masses, the right being the larger. There was a remarkable absence of fat about the omentum and elsewhere within the body. No other lesion whatever was discovered. The capsules and adjacent organs were removed to the University museum. The right, which is the larger of the two, was divided, and is preserved in section. The cut surface serves to show that none of the proper structure of the organ remains, and it presents exactly the appearance of a mass of crude tubercle, as taken from the apex of the lung in a case of phthisis. The left capsule has been carefully dissected and set up by Dr. Tuckwell, in connexion with the semilunar ganglion and its nerves. These present very much the appearance shown in the sketch which illustrates Dr. Habershon's case in "Guy's Hospital Reports," (Third Series, vol. x., p. 84.) But Dr. Tuckwell states that there appeared to be no lesion whatever of the nerve-trunks themselves, or in the surrounding cellular tissue. This capsule was in a condition very similar to the other, except that the mass of adventitious matter was in one place beginning to soften.

Dr. Child, in his clinical commentary on the above case, remarks: The above may, I believe, be taken as a perfectly typical instance of Addison's disease. The age of the patient, the change of colour of the skin, together with the other symptoms—viz., emaciation confined almost entirely to the face; nausea and occasional vomiting; a small, quick pulse, so feeble as to be felt with some difficulty; drowsiness, and debility so extreme that it was difficult for the patient, while in the infirmary, even to sit up for a moment in bed. All these, concurring with an entire absence of any pathological changes, either suspected during life or discovered after death, to which they could be attributed, form certainly a sufficiently well-marked and noticeable train of phenomena. And if, as is the case, they have been observed often enough to enable us confidently to predict the one lesion which will inevitably be found at the autopsy, it is not easy to resist the conviction that there is some causate connexion between that lesion and the attendant phenomena, although the mode of connexion may remain perfectly obscure. With regard to the objection, that in many of these cases, as certainly in this one, the diseased condition of the capsules must have long preceded the constitutional symptoms, and, therefore, that they could not have been due to its presence, it may be remarked that a mass of tubercle may often remain deposited in a lung, or other organ, for a length of time in an inert condition. The patient may die of some other disease or accident in the meantime; or, on the other hand, the disease in the lung may be roused into activity by some accidental circumstance, and may then give rise to symptoms of almost any degree of severity. But we do not, therefore, feel bound to deny either that the tubercle was there before or that the constitutional symptoms present are set up by it. Both Dr. Habershon (*loc. cit.*) and Dr. Wilks (in his pamphlet on Morbus Addisonii, p. 19*) seem disposed to deny any connexion between the disease and tuberculosis. It is, therefore, worthy of notice that, without entering upon the general question, there can, I think, be no doubt about the tubercular character of the disease in the case now related. If "tubercle" or "scrofulous deposit" can be recognised at all in the post-mortem room I have no hesitation in stating that the deposit, both in the lungs and in the supra-renal bodies in this case, was of a tubercular character. At the same time it is by no means improbable, especially if the view of the pathology of the disease so strongly urged by Dr. Habershon be correct—namely, that the symptoms are due to irritation of the vaso-motor nerve by the morbid condition of the capsule—that the scrofulous character may belong to some cases and not to others, as, in all probability, other kinds of morbid deposit, as well as tubercle, may be capable of setting up similar irritation. Moreover, as Dr. Wilks suggests, the ideas conveyed by the terms "tubercle" and "scrofula" are scarcely so definite as might be desired. A very peculiar fetor has been noticed by Mr. Hutchinson and other observers as attaching to some of their cases, and has been said to arise from the skin. In the case above recorded this was a very marked feature, but it appeared to me to be the breath rather than the skin from which it arose.

* See also Guy's Hospital Reports for 1862.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

DR. PEACOCK, on taking the chair, congratulated the members on the continued prosperity of the Society, and thanked them for the honour which they had conferred upon him. He especially invited the younger members of the Society to contribute any specimens of interest which might come before them, assuring them that the attention of the Society would always be given to any subjects of interest which any member might be good enough to bring forward.

A Report on Mr. Fergusson's Case of Milk-like Fluid from the Tunica Vaginalis, by Dr. Harley and Mr. Mason, was then read. The reporters alluded to two similar cases given in the work of Vidal de Cassis. They found that the fluid in this case very closely resembled cow's milk, but was of higher specific gravity; and exhaled a large quantity of sulphuretted hydrogen, though it presented no other sign of decomposition. The milky appearance was due to fat, and on withdrawal of this by ether the fluid had the ordinary appearance of hydrocele fluid. The reporters added a detailed account of its ultimate analysis, and a description of its microscopic appearances. They also appended a comparison between the milky fluid and some fluid, also exhibited by Mr. Fergusson, from an ordinary hydrocele. It was found that by adding animal oil to the ordinary hydrocele fluid they became exactly similar. The reporters thought that the name "galactocele," applied by M. Vidal, was the most convenient that could be used, although perhaps not strictly accurate.

Mr. NUNN believed that the fatty matter in this fluid proceeded from degeneration of the albumen contained in the fluid.

DR. WILKS read a report by himself and Dr. Barlow on a specimen of Cirrhosis of the Lung exhibited by Dr. Barlow. The report was accompanied by a more exact description and drawing of the specimen by Dr. Sutton.

Mr. W. SQUIRE showed a specimen of

RUPTURE OF ONE OF THE MUSCULI PAPILLARES OF THE COLUMNÆ CARNEÆ OF THE TRICUSPID VALVE,

from a woman, aged twenty-three, who died of purulent peritonitis and pneumonia after childbirth. There were vegetations on the tricuspid valve, and interior redness of the endocardium. The heart was also affected by fatty degeneration. The specimen was sent up from Mr. Spanton, of the Stafford Infirmary.

Mr. W. SQUIRE also showed a specimen of

LARYNGITIS,

from the same gentleman, in which the larynx had been opened during life.

Mr. Z. LAURENCE presented a man in whom there was a

CANCROID TUMOUR ATTACHED TO THE CORNEA.

He read an account of the case from a report published several years ago, since which the tumour had slowly increased. The tumour had been partially removed, and afterwards treated by caustic, but without benefit.

Dr. CRISP exhibited the Stomach and Intestines of a man who was extremely fat, and was a very large eater. He had long been subject to flatulence, and had been in the habit of taking much purgative medicine. There were appearances of peritonitis after death; but the most striking fact was the great distension of the whole small intestine, which Dr. Crisp attributed in great measure to the inordinate appetite of the patient.

Dr. CRISP also showed the Lungs and the Spleen of an Orang. The spleen was affected with tubercles, while there was no tubercle of the lung, but merely common grey hepatization.

Mr. T. SMITH showed a

MEDULLARY TUMOUR OF THE KIDNEY,

taken from an infant one year and five months old, and weighing eleven pounds. It had been noticed since the child was three months old.

Mr. HINTON showed a

SEBACEOUS TUMOUR FROM THE TYMPANUM,

which had been accidentally discovered in the ear of a person partially deaf. There were some peculiarities in the case, on which he proposed to dwell at a future meeting.

Mr. T. Smith, Mr. Toynbee, and Mr. Hinton were requested to examine and report on it.

Mr. NUNN exhibited a Tumour of the Adenoid character from the breast of a young woman, aged twenty, which had been easily enucleated.

Mr. NUNN also showed some portions of a Cancerous Tumour from a patient who had suffered from cancer for ten years. He likewise exhibited a drawing which he had made of the tumour three years ago, it being then of large size. The growth of the tumour had been checked by sloughing, after which the surface cicatrized over, and for a time healed perfectly. Mr. Nunn also showed microscopical sections of this tumour.

Dr. MARTYN showed a specimen of

PLUGGING OF THE PULMONARY ARTERY IN THE ROOT OF EACH LUNG WITH CLOT,

in a patient who died of rheumatic fever. He had been going on well, but died suddenly after a severe fit of choking. The pulse was almost gone; the breath cold; the face pale and cold; the breathing frequent, 48 in a minute. On post-mortem examination, both pulmonary arteries were found plugged with blood-clot. The heart was healthy. In this case an accurate diagnosis of the condition of the artery had been made during life.

Reviews and Notices of Books.

Medical Errors. Fallacies connected with the Application of the Inductive Method of Reasoning to the Science of Medicine. By A. W. BARCLAY, M.D. Cantab. and Edin., F.R.C.P., Physician to St. George's Hospital. pp. 123. London: Churchill and Sons. 1864.

IN his preface, the author tells us that his object is "to call the attention of the medical profession to the great want of logical precision in the mode of reasoning which forms the basis of so many of our theories;" and he commences his lectures by attempting to give a short summary of the principles of correct reasoning as laid down by the best writers of the day, and then proceeds to cite some examples of false and true induction. It is mainly against the errors arising out of a supposed adherence to the "inductive method of reasoning," the Baconian philosophy, that the lecturer aims his shafts, because the gratuitous assumptions on which the reasoning of an earlier age of medicine proceeded have now been wholly discarded, and in their place are substituted theories which claim to be founded on practical experience and on an accumulation of facts. How far some of these theories are really so grounded is the inquiry on which we propose to follow him.

Dr. Barclay explains in the earlier part of the volume as succinctly as possible the relations of induction and deduction, "terms which are not generally well understood," but with which it is absolutely necessary for us to make ourselves familiar, if we would judge of the value of an argument. In few words we may say that the one consists in reasoning from effects to causes, the other in reasoning from causes to effects; and it is quite clear that medicine, as it is at the same time scientific and practical, must embrace both forms of reasoning, and must especially depend for all its truthfulness and usefulness on the correct application of the principles by which a cause is traced in its effects.

In former ages, however, powers were assigned to various agencies on the strength of what appear to us most fanciful hypotheses; and the value of such deductions was estimated simply by their conforming to the Aristotelian form of argument, forgetful of the possibility that the assumption might be false and the conclusion worthless—that the cause might not exist, and the effect would consequently not follow. By the Baconian philosophy men have been taught to commence the reasoning process by ascertaining the existence of any cause from an accumulation of facts and the subsequent application of the test of experiment.

In the earlier part of the work there is a more detailed analysis of the various steps by which we arrive at a law of causation, and the application of such a law after it has been found. Dr. Barclay endeavours to illustrate this process by first establishing a "law" with reference to the squares of successive numerals, and then employing the binomial theorem for the elucidation of the very same facts. Persons who have had any mathematical training will at once see in this example the relation which our author asserts, but medical readers will probably prefer the illustration drawn from the discovery of Jenner:—

"When Jenner first investigated the subject of cow-pox, the idea was presented to his mind by hearing it spoken of as a familiar and well-known fact among the dairy servants in the neighbourhood where he was residing, that persons whose hands were infected by milking cows suffering from the vaccine disease never took the small-pox. Very shortly before that time the practice of inoculation had been introduced as a preventive measure, in consequence of the observation that persons who once had suffered from small-pox were not liable to a second attack. Both questions had been fully discussed, and were found to be only part of a more general law, that some diseases had the power of conferring upon the persons who had been once subjected to them a certain degree of immunity from subsequent attacks of the same disorder. When, therefore, the hypothesis suggested itself to his mind that some other analogous disease might have the power of conferring the same sort of immunity, a comparatively small number of well-authenticated cases was sufficient to form the basis of an induction that vaccination was a preventive of small-pox. That the cases were simple evidences of causation was very much confirmed by the law coinciding with that which had been already established with regard to inoculation. When, therefore, he proceeded to make the experiments of first inserting the vaccine virus and producing the disorder known as cow-pox, and after a short interval inoculating the same individual with small-pox matter; and when he had observed that in such circumstances no effect was produced by the inoculation,—his induction at once established a law by which succeeding generations have been so greatly benefited. Occasional failures cannot overturn the force of his argument, though they may prove that in some individuals the protective influence is speedily exhausted, or that in others it only serves to modify the disease when it occurs."

One very important question occupies the author, and demands careful study: the relation of theory to induction. He shows that a necessary step in the process is the assumption of a theory which will serve to explain the facts collected together, and that this theory, when proved, becomes the "law of causation" by which they are all governed. He remarks, with reference to such assumption, that "there is no real difference between an assumption made without any sufficient warrant and one based on an observed harmony, except that the one will stand the test of experiment and the other will not." (p. 10.) An illustration of false hypothesis is given at p. 20, and then the author goes on to say—

"Necessary as some assumption is to the very essence of induction, yet nothing can be more destructive of right reasoning than a foregone conclusion. No sooner has it been arrived at, than an attempt is made to prove its truth by collecting affirmative instances, and we encounter all the difficulties met with in the arrangement of statistics. It is well known that almost any proposition may be proved by them, and it is scarcely possible, in dealing with them, to avoid arranging the figures in such a manner that they shall seem to affirm the conclusion already arrived at. I conceive that in their nature and objects statistics or averages differ very considerably from true induction." .....

"This seems to be one of the most common fallacies in the supposed employment of the inductive method of reasoning. It is assumed that by the collection of a number of particular instances having some one or more points in common the requirements of this method have been fulfilled, without any indication of a direct relation of cause and effect—when, indeed, no law has been sought for, and no explanation of occasional failures has been attempted. A medical treatise is too often estimated merely according to the number of cases, and especially successful cases, occurring in the author's practice." pp. 21, 23.

Dr. Barclay next takes into consideration the so-called

numerical method, defining the basis on which it rests in the calculation of chances, and exhibiting the number of cases which, according to the algebraical formula, are needed to justify any conclusion founded upon statistics. It seems scarcely probable that such large numbers are really necessary, or that any valuable facts can be elucidated by them, and we are glad to find that Dr. Barclay gives us an alternative of adopting the test applied to limited statistics by Dr. Guy. This part of the subject is illustrated by an investigation of a series of questions propounded in a medical journal, to which replies were solicited, with the intention of framing from them a statistical estimate of the value of certain modes of treatment.

Dr. Barclay asserts that the information so obtained must be of no value. The want of precision in the questions proposed, the impossibility of laying down definite rules which were to be followed strictly in every instance, and the extreme severity of a certain number of cases both of pneumonia and scarlatina, seem sufficient to render the attempt hopeless. It is absolutely necessary in such an investigation to collect as many cases as shall "give every variety of example under one particular form of treatment, and an equal number under any other form," so that "a comparison of the mortality and the duration should be made under the two systems." The latter part of the volume is perhaps the most readable from its containing so many illustrations of "medical errors." We trust that we are reaching a period in the history of medicine when it shall not be thought necessary for young men to attempt to write themselves into practice. No circumstance has, in our opinion, exercised a more baneful influence on medical literature.

Dr. Barclay lays great stress on the importance of tracing out the "law of causation" in every case in which there seems to be evidence of the existence of causation; and observes that until we have established such a law we have no right to assert that there is any relation of cause and effect "between two phenomena, however invariably they may be found together." This, according to our author, is the very essence of induction. We should not have had so many crude hypotheses suggested, so many plans of treatment propounded, if each author had felt himself bound to enunciate a law of causation when he sat down to enumerate his successful cases. When an hypothesis has been proposed to explain the causes of the result attributed to some particular mode of treatment, it has generally been either so vague that no "law" could be traced, or, if more definite, its truth has not been tested by experiment.

We have thus given a general view of the contents of Dr. Barclay's interesting volume. At a time like the present the publication of these lectures is most opportune. Attention to the principles here laid down will act as a check upon the loose statements and imperfect facts which prevail so generally in the medical writings of the day. Though some portions of the work may be regarded as rather heavy, as a whole it is a most interesting and valuable contribution to medical literature.

ON THE TREATMENT OF GUNSHOT WOUNDS.

To the Editor of THE LANCET.

SIR,—In your number of the 21st inst. there is a second notice of a "Manual of Military Surgery," by Julian Chisolm, M.D. I am pleased that a surgeon of the Confederate States army has published this useful compilation, and has given us at the same time so much interesting information concerning the surgery of the great conflict now progressing.

We have seen already that the Americans have effected a revolution in the art of war, both at sea and on land; and we may look sanguinely for many lessons in our own professional art from the physicians and surgeons of the grand armies contesting for and against "the Union." Our American brethren are eminently an experimental people; and but few nations know how to utilise on a grand scale the results of experiment so well as they do. Hence, I am sanguine of what we shall learn from them in the passing decade. They began this war without warlike resources, and yet how vast the development of material on both sides; so, although military surgery had previously met with no special cultivators, yet under the new circumstances, the weaker side has printed this useful Manual on field and hospital duties. Of course, it will be prudent to wait for more detailed accounts of cases, and more enlarged results of new practice; but there is a general earnestness in the style, and an apparent truthfulness of the incidents, that will impart confidence in the volume to those acquainted with the exigencies of military surgery.

In the contents there is perhaps nothing so contrary to old ideas as the note on "A Method of Rapidly Healing Gunshot Wounds by Excising the Lacerated and Contused Margins, and then bringing the clean Incised Edges together with Sutures." My experience disposes me to accept this, until now unheard of, proposal with respect, and to hope that the plan will be largely experimented on, that data may be afforded which may convince all of the applicability of the method in a large proportion of gunshot wounds, which will be, I think, ultimately proved.

Without entering into hypotheses, I may offer results observed by myself, which, as far as they go, support the newly proposed practice.

All surgeons know that a compound fracture may be rapidly converted into a simple one, "by sealing the lacerated wound with its own blood," in many instances of very severe injury. I have often relied on this principle in the treatment of gunshot fractures after taking away the fragments of bone, clothing, &c., that complicate such an injury.

I have been long since satisfied that, these preliminaries being done, and bleeding checked, there is no better practice before inflammatory action has set in than to saturate pledgets of lint with collodion, and apply them to the orifices and surrounding integuments to the extent of an inch around the margins of the wounds.

This has been done by me in cases of gunshot fracture of the radius, the ulna, and the humerus in its middle third; and I can state that although in these cases the compound fracture has never been found converted into a simple one on removal of the first dressings, yet that destructive inflammatory action of the damaged soft tissues has not been observed which supervenes as the rule under ordinary modes of treatment. After the detachment of the incrustation of collodion, a clean, mildly suppurating wound has been the result; and in this way I have seen the orifice of entrance converted into a merely sinuous opening in seven or eight days, and that of exit a little later, both secreting a laudable pus free from disintegrated tissue.

In perforating flesh wounds, the practice has always succeeded in a still more marked degree. Although this method is opposed to the generally taught principles of military surgery, I am so convinced of its advantages that I have recommended it as far as my personal influence has extended, in the belief that, if generally adopted in field or ambulance surgery, secondary amputations would be less frequently necessary, and the wounded would reach the hospitals at the rear in a condition less obnoxious to intractable inflammation of the wounded parts.

In accepting the American proposal as in every way worthy of wide experiment, I would offer the suggestion that wire sutures should be used to unite the edges of the surgical wound. As our American brethren, many of whom have been educated in our schools, have advanced in this newly proposed operative measure beyond what the profession in general may be inclined to accept, I think it becomes the duty of any of us able to corroborate in the slightest degree the grounds for crediting so great a novelty in military surgery, to make the same known; and, therefore, I beg you, Mr. Editor, to give this a space in your very valuable journal.

I am, Sir, your obedient servant,

W. R. E. SMART, M.D.,
Deputy Inspector-General.

Royal Hospital, Greenwich, Jan. 23rd, 1865.

FEVER AT BRISTOL.—The recommendation made by Dr. Buchanan in his recent Report on the prevalence of fever in Bristol, is adopted by the Local Board of Health Committee, and they have elected Mr. Davis, surgeon, of Queen-square, as Medical Inspector for six months. The guardians of the Clifton Union have assented to the erection by Dr. Fox in their grounds of a temporary fever hospital.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 18, 1865.

THE history of the Coroners' Courts in Middlesex during the last thirty years affords irresistible proof of the truth of the proposition, so often urged in this journal, that they should be presided over by medical men. All the analogies drawn from the superior Courts in favour of lawyers are really inapplicable. The differences between the ordinary Courts and the Coroner's are wide and fundamental. They differ in function, in constitution, in form of proceeding. The first have powers of inflicting punishment; their sentences are final, and therefore there is a prosecution and a defence. Both the Crown and the prisoner are represented by solicitors and counsel. The case on either side is elaborately got up before coming into Court, and skilfully advocated there. Both are prompted when necessary by medical experts. Each side has full scope to bring forward all the evidence calculated to support its case, and to subject to the most rigorous examination the case of its opponent. Out of this conflict the truth is made manifest. But in the Coroner's Court the case is widely different. The Court has but very limited powers of punishment. The evidence it receives is commonly entirely *ex parte*. The Court has no assistance from skilled and "instructed" contending counsel. Unless the judge possess in himself the requisite knowledge, he will in all probability fail in the pursuit of truth; or even if he succeed, it will be by accident, and without intelligent conviction that he is right. The great, the paramount duty is to discover the cause of death. In the great majority of instances the cause of death of an individual is perfectly explained; it is open to no doubt; the circumstances fall within the professional cognizance of the medical attendant, and he, under a formal certificate, specifies the cause of death, and thus satisfies the State. But there are other cases in which no medical man is in a position to certify the cause of death: in which a person is found dead, the cause unknown, or in which a person has met his death from violence, accidental or criminal. It is obvious that in such cases the duty of the Coroner's Court is principally to discover that which under ordinary circumstances is discovered and testified to by the medical practitioner. It has, under exceptional circumstances which call for a public inquiry, to perform the strictly medical function of discovering the cause of death. If the law, expressing the opinion of society, throws upon medical men the duty of ascertaining the cause of death under ordinary circumstances, can it be expected that a lawyer, even aided by a common jury, can satisfactorily ascertain the cause of death under circumstances of unusual complexity and difficulty? Without guiding medical knowledge it is often impossible to perform properly any one of these three essential duties—namely, to determine the cases that call for an inquest; to select the most fitting medical evidence; to examine the medical witnesses who may be called in such a manner as will bring out the facts. We accordingly hear of inquests being held upon children who in the eye of the law never lived; who had perished before birth; upon whose bodies the surgical operation of craniotomy had been performed by skilled hands, to save the life of the mother. It would be as justifiable and as necessary to hold an inquest upon every person who dies after an operation performed by a surgeon, and, indeed, upon every person dying under medical treatment, as in such a case as this.

Now let us see the medical witnesses before the Court where the verdict depends upon their evidence. They may, as we have seen in the cases just cited, be incompetent to discover, or to determine the significance of the lesions discovered—that is, to throw steady light upon the cause of death. If skilfully examined, their deficiency might be exposed, or the truth might still be elicited. But who is to conduct this skilful examination? Not a jury of small tradesmen certainly. Not even the Coroner, unless he possess the requisite medical knowledge. What is the consequence? He must take the scientific evidence, such as it is, with all imperfections, upon absolute trust. He is helplessly at the mercy of the medical witness. Such questions as he may put are only likely to embroil the question at issue. However, the formula adopted is, "Gentlemen, you have heard the evidence of the medical man; he has examined the body, and he says the person died of poison." Who can contradict him? Yet the evidence is, perhaps, all one-sided—entirely *ex parte*. The person whose conduct is inculpated has possibly been himself examined, furnishing evidence that may be turned against him; and yet has had no opportunity of availing himself of legal or medical skill to cross-examine the witnesses. In this manner the most monstrous verdicts are returned; sensation-censures, expressing the indignation and the ignorance of the jury, are appended; the character and peace of mind of innocent people are assailed; and, as a necessary corollary, a repetition of similar inquests destroys the authority of the Court, and tends to deprive the public of that protection which this great popular institution properly administered is so well calculated to afford.

We see thus, from whatever side and in whatever mode we examine the question, that we always come round to the conclusion that to discover the cause of death is an inquiry depending for a satisfactory solution upon the due application of medical skill. If the Coroner lack medical knowledge himself to enable him to test the accuracy and completeness of the medical evidence brought before him, it is the more incumbent upon him to observe those rules in the selection of medical witnesses which experience has shown to be best adapted to obtain impartial and trustworthy evidence. The practice of the late Mr. WAKLEY was, in ordinary cases, to summon the medical man who had last seen the deceased person, or who had been first to see him after death; and if no medical man had been in either of these positions, then the summons was directed to some practitioner in the immediate neighbourhood. It was only in very rare and exceptional cases—such, for example, as the Hounslow flogging case—that an expert from a distance was chosen. It is needless to say that under Mr. WAKLEY'S administration the Coroner's Court attained a position in professional and public esteem unknown before. He proved beyond dispute that professional and public esteem go hand in hand; that if the decisions of his Court deserved the confidence of the medical world, the confidence of the public followed, and the efficiency of the institution was secured. Now,

unhappily, we see the truth of this proposition confirmed by proof of its converse. The medical world, accustomed to see their body represented by three or four persons; harassed by unnecessary inquests; assailed in their professional character upon no better grounds than such as vulgar prejudice supplies, have naturally felt themselves deeply aggrieved by the procedure of the Court. Forfeiting the confidence of those most competent to judge of its efficiency, and who will infallibly in the long run direct the judgment of the public, the Court is in imminent danger of finding its authority and usefulness seriously damaged.

These remarks are not offered in an unfriendly spirit to the legal coroners. Of course our conviction that the office of coroner should be filled by a medical man, based upon long observation and varied experience, is deep and firm. But our earnest desire is to aid every coroner in the discharge of functions so important to the safety of society. We therefore seek to enlist on behalf of every coroner the respect and confidence of our brethren. This is to be acquired by a steady regard to fair dealing towards them, the most essential feature of which is the absence of favouritism or arbitrariness in the selection of skilled witnesses. If this be observed, and the decisions of the Court still—as most probably they will sometimes do—fail to command the assent of competent judges, it will at least receive such support from the medical profession as good intentions uninformed by adequate knowledge commonly receive.

REPORTS of metropolitan and other "boards" are generally left by the public to the care of the journals, to be cut and served-up at the literary table. They form such tough and uncomely joints in the raw state, that the people at large will have little to do with them. They desire something more interesting and appetising than "blue books" and "red books," which are about as seductive to them as is water-gruel to an alderman or as buns are to a tiger. The social palate will only appreciate their value when their contents have been duly prepared. This assistance we are about to render in favour of the Eighth Report of the Metropolitan Board of Works. At first sight it might appear that such Report can contain but very little in reference to subjects of such professional character as we take upon us to provide. Second consideration will prove this not to be the case. On the contrary, the Metropolitan Board and its works are very closely associated, as will be seen, with the public health and hygiene. Let us take the first topic on which the Report addresses us. This is the Main-Drainage system—a system designed to meet the present and prospective requirements for drainage purposes, rainfall, and water-supply; to provide for the covering-in and diverting the many open sewers which now exercise a baneful influence over the localities in which they are situate; and to afford deep and permanent outfalls for the low-lying districts. This plan comprehends the construction of about eighty-two miles of main sewers, besides the necessary accessories; and is based, as far as practicable, upon natural gravitation, pumping being resorted to only where gravitation has been found impossible. A great work truly, and of which we are told that about sixty-six miles of sewers, varying from twelve feet by nine feet to three feet by two feet, with pumping stations, reservoirs, outlets, wharf-walls, &c., are nearly completed, at a cost of about two millions and three quarters. By this, nearly one-third of the entire sewage and refuse-waters of the metropolis are now diverted from the Thames within the metropolitan area, and conveyed down to the permanent outfalls at Barking and Crossness. It is satisfactory to know, too, that from the progress made by the contractors in their several works, the Board are assured by their engineer that—with the exception of the Northern Low-level Sewer and the pumping stations connected therewith, which depend upon the progress of the Thames embankment—the whole will be completed in this or the beginning of next year. Besides the carrying out of the great undertaking, the Metropolitan Board have spent not less than £56,239 in their ordinary work of sewer-formation, side entrances, ventilating shafts, &c. Under the provisions contained in the Metropolis Local Management Act, the vestries and district boards are required to submit for the opinion of the Board their schemes for local drainage, to ensure both their efficiency and their adaptation to the main intercepting plan. Thirty-one vestries and district boards have during the past year sent in for approval designs for such works. They include the construction of not less than forty-seven miles of sewerage, thereby indicating the progress which has been made in this great sanitary scheme, and proving that the local boards are availing themselves of the deeper outfalls afforded by those extensive works for perfecting the drainage of their several areas. The beneficial effect of the improved drainage was seen in the fact that, although there was a long continuance of warm weather without rainfall last year, the river was not offensive. Indeed, so improved has the Thames become, notwithstanding the still forbidding aspects of its waters, that it was not found needful last year to take any steps for the deodorization of the river, with the exception of certain operations on a small scale at the outlet of the London-bridge Sewer, performed with a view to prevent annoyance to the numerous persons landing from or embarking on the steamboats at that locality. Not the least welcome of the information the Report gives us is that of the Board being about to turn their close attention to the preventing, as far as practicable, the further pollution of the stream, by the diversion of, or otherwise dealing with, the sewage of the towns and villages now discharging into the river above the metropolis. By the time the Metropolitan Main-drainage scheme is completed, about four millions and a quarter sterling will have been spent on it. Now this will be but of slight avail if the towns of Kingston, Teddington, Twickenham, Richmond, Isleworth, Brentford, Chiswick, and other places, are still permitted to pour the contents of their sewers into the stream within its tidal influence. We would also observe that a large portion of the water-supply of the metropolis is taken from the river above Teddington Lock, and that unless some means be taken for preserving the purity of the river above that point, by compelling the authorities even of Hampton, Chertsey, Staines, Eton, &c., as far as Abingdon and Oxford, to desist from draining into the Thames, much of the benefit of the Metropolis Water Act of 1852 will be negatived.

No doubt many sanitary results will ensue from the carrying out of the Thames Embankment. New open thoroughfares will be formed where now dark, damp, and confined "no thoroughfares" only are present, and the whole length of the Thames side from Vauxhall to Blackfriars will be purified as well as beautified. An Act has likewise been obtained for embanking the south side of the Thames from Westminster to

near Vauxhall-bridge. Under the head of information relating to the South Embankment is the following statement:—

"In connexion with the formation of these works, the Board have agreed to a proposition from the trustees of St. Thomas's Hospital for taking land to be obtained by the Board, and a portion of the foreshore of the river which will be reclaimed, for the purpose of erecting a new hospital thereon. The site in question comprises about eight acres and a half, and is situate between the southern approach to Westminster-bridge and Lambeth Palace. The subject led to considerable negotiation, which ultimately resulted in an agreement being entered into for a sale by the Board to the Governors of the Hospital of the land and foreshore in question for a sum of £95,000, subject to certain stipulations and conditions mentioned in the agreement."

The public welfare has further been cared for by the passing of a Bill authorizing the formation of a "Southwark-park," intended to provide the south-eastern parts of the metropolis with an ornamental open space for promoting the health and recreation of their inhabitants.

The formation of new and airy streets, well provided with all the modern advantages of superior drainage, subways, pavement, and well-ventilated and well-lighted houses, is a great boon to the inhabitants of such a vast and densely crowded city as London. This kind of improvement is receiving more attention. A new street is about to be formed from Blackfriars-bridge to the Mansion House, commencing at the termination of the Thames Embankment at the former locality. The new King-street, Covent-garden, has cost, we find, £121,148 5*s*. 2*d*. A new and important line of thoroughfare, which has demolished many a hotbed of vice and den of fever, is "Southwark-street," extending from High-street, Borough, to the Blackfriars-road, and which was opened to the public on the 1st of January last. Another new road is "Burdett-road," extending from the Mile-end-road to the East India-dock-road, and which has been provided with an efficient sewer along its entire length.

Several other good deeds of the Metropolitan Board of Works might be alluded to, but these notices must suffice to show the reader that the new Report contains matter demanding approving attention.

THE Faculty of Physicians and Surgeons of Glasgow owe some explanation to the profession, and especially to the General Medical Council, of circumstances alleged against them in connexion with the admission of candidates to an *ad eundem* licence. Amongst the special regulations of the Faculty announced in their printed prospectus is the following:—

"A member of any of the Royal Colleges of Surgeons of Great Britain and Ireland practising in Scotland, upon the production of his diploma or licence, together with satisfactory evidence of his moral character, and a recommendation by twelve qualified medical practitioners to whom he is well known, shall be admitted an *ad eundem* licentiate of the Faculty, upon payment of the ordinary fee for the diploma (£10)."

Now it is stated that the limiting clause of "practising in Scotland" has not been observed at all, but that the regulation has been used for the purpose of inducing gentlemen to take the *ad eundem* licence of the Faculty of Physicians and Surgeons of Glasgow who possessed only the surgical diploma of the London College, and desired a double qualification. The particulars of one such case have been laid before us recently. The candidate for the *ad eundem* licence was a M.R.C.S.E. With a view to appointment in one or other of the public services, he desired a double qualification, and was attracted by the above announcement to Glasgow. He was informed by the authorities there that he had only to bring with him the required recommendatory paper and the fee, in order to be invested with the desired qualification, which was said not only to be available for the public services as a medical diploma, but to give a courtesy right to the title of Doctor. Now this is very strange in itself, and certainly requires explanation. If the Faculty or their officers really had the intention of granting a medical diploma, recognised as such, to gentlemen who had only been examined in surgery, they were doing an act which is contrary to public policy, and one of which the Medical Council is called upon to take serious cognisance. But the sequel complicates the matter further. When the new licentiate presented himself at the office of the Medical Council for registration, he found that the belief on which he had acted in purchasing the licence was ill-founded; that, although he was a licensed member of a Faculty of Physicians and Surgeons, he could only register the diploma as one for surgery; and that (worst blow of all) the diploma was not recognised by the Poor-law Board other than as a licence in surgery. In explanation of this, he was referred to the Minutes of the General Medical Council, August 10th, 1859—Sir B. Brodie in the chair, and Dr. James Watson of Glasgow being present,—when an answer was returned to a communication from the Poor-law Board requesting information as to "how far the degrees or licences of various bodies named conferred respectively the right of practising medicine or surgery, or medicine and surgery." The Council reported to the Poor-law Board on that occasion that the licence of the Faculty of Physicians and Surgeons of Glasgow was only a licence in surgery. Hence our new licentiate found that he was only doubly a surgeon, with the difference that by a dubious endorsement on an originally good bill he had rather spoiled its current value. To complete the story, which is highly illustrative of the glorious nonconformity which still exists, we must add that this gentleman, feeling that he was perfectly well able to pass an examination in the medical branches of the art, although he had been tempted to adopt the short *ad eundem* cut when it seemed to be temptingly open, forthwith presented himself at the Apothecaries' Hall, and was there duly examined and admitted a member. The last act of all, and fit *denouement* of this comedy, was this: Prior to making up his mind to present himself at the Apothecaries' Hall, he had written to the authorities of the Indian Medical Department, stating his double diploma as Member of the Royal College of Surgeons of England and Licentiate of the Faculty of Physicians and Surgeons of Glasgow, and inquiring whether they would recognise that as a double qualification in medicine and surgery, rendering him eligible for service in the Indian army. The answer came after he had passed the Apothecaries' Company; but it was affirmative. *Quelle galère!*

THE MEDICAL CONGRESS AT BORDEAUX.—A committee has been formed in that city to organise a medical congress for next summer. The Lyons meeting last September proved a great success, and no less is expected from the Bordeaux gathering.

Medical Annotations.

"Ne quid nimis."

OBSCENE ADVERTISEMENTS: PROGRESS.

WE are authorized to add to the list of papers from which objectionable advertisements are excluded the *City Press*, the *News of the World*, the *Sporting Times*, the *London Mirror*, the *Coventry Standard*, the *Chatham News*, the *South Bucks Free Press*, the *Clifton Chronicle*, the *Royal Leamington Courier*, the *Cheltenham News*, the *Essex Standard*, and the *Belfast News Letter*. The editor of the *Clifton Chronicle* writes: "The rule of rejecting all such announcements was laid down (and has been strictly enforced) on the establishment of the *Chronicle* in 1850; and the example then set has been followed—in some instances very tardily—by nearly all the papers published in Bristol and the neighbourhood." Another editor writes to express his satisfaction that the public feeling now aroused is strong enough to enable him to override pecuniary objections which have been hitherto urged.

The force of example will, undoubtedly, be increased at the present moment by the circumstances that have enabled us to fix public attention upon this matter. Neither in town nor country will intelligent and respectable people fail now to note the difference between the papers which are "clean" and those which insert the obscene advertisements elsewhere excluded. Papers which contain them are obviously unfitf or admission into the household which includes amongst its members young people of either sex. We observe with satisfaction that the practice is likely to obtain, amongst journals which insert their terms of advertising, of heading them with the announcement that "All quack and other objectionable advertisements are excluded." Such an announcement is a strong recommendation for any paper. It is in this way that we may hope to see the enormous traffic annihilated which has been springing up of late years, solely nourished by the facilities afforded by general advertising, which has attained the dimensions of a national evil. Years must pass over even now before the evil impression produced by this incessantly active gang of scoundrels can be effaced. Ubiquitous, unscrupulous, and lavishing large sums that they might gain yet larger, they threatened to sap the moral and physical health of the youth of the kingdom. Some idea may be formed of the extent to which this nefarious traffic had grown, fostered by the opportunities afforded by the use of the advertising columns of the press, from the fact that by a recent calculation it appeared that upwards of £200,000 a year was expended in advertising by the persons engaged in carrying it on. A mortal blow is struck at this vicious trade, and a great good will be worked out, by the exclusion of the advertisements. We believe that public opinion will continue to assist us by demanding the purification of the advertising columns of all journals, without exception, destined for reception in respectable houses, or to be read by decent people. The publication of a "black list" is an unpleasant task which we are loth to undertake, although urged by many to do so. We would fain hope that the right feeling and good sense of the conductors of the journals still polluted will induce them to range themselves on the side of public propriety, and to bend to public opinion. We are aware that in some cases questions of contract interpose difficulties, and we know also that many journals propose to make this change at the first opportunity, but are not willing to make any announcement until they are able to carry out the intention and present a respectable face to their subscribers. However, we know too that they lose more than they gain by such a want of moral courage; and the important journals which (in the North especially) have announced that they propose forthwith to exclude objectionable advertisements have received the most gratifying proofs of the satisfaction and confidence of their readers.

THE RAILWAY QUESTION.

WHEN we read of the culpable negligence and utter *insouciance* of railway directors as to the occurrence of accidents, there involuntarily rises in the mind a recollection of one particular parable concerning certain wicked husbandmen who withstood the authority of the king's servants, and at last slew his son.

Her Majesty, ever tenderly thoughtful for the welfare of her people, was graciously pleased, some three months since, to cause that the railway companies should be informed of Her anxiety about the safety of the two hundred and twenty million passengers yearly journeying by rail, and Her wish that the same security might be afforded to them which is insured whenever a royal train is on any line.

For nearly a month this most touching and noble letter was actually suppressed; and at last only came under public notice because the vulgar smartness of a sharp dividend-reviver saw in it the means of advertising an obscure line on which no accident had hitherto occurred. It is almost needless to add that nothing practical has been done because of the royal behest. King Rail is the monarch of all he surveys, and is not "made of penetrable stuff." His government resembles the lines he rules—is impenetrable, of iron, on the surface; with sleepers, and wooden, at bottom.

In her Majesty's Commons the attempt to obtain some reform, fared no better. Mr. Bentinck, the best-informed of members on the subject, inquired whether any measure would be introduced this session for the prevention of railway accidents. Mr. Milner Gibson answered him in the negative, informing the House that the railways liberally afforded Government inspectors every opportunity for making inquiries into accidents after their occurrence; but forgetting to add that all official suggestions for prevention of accidents were ignored, and that there exists no power whatever to make railways carry out the alterations recommended by the Government inspectors. They, at least, do their duty honestly. And the strongest evidence of the utter folly and inutility of the present expensive method of investigation into the causes of railway accidents is to be gathered from the officially printed reports of these meritorious officers.

It would have been more straightforward had the President of the Board of Trade stated that on the eve of a general election, those in power did not choose to brave the great political influence exercised by railway companies. This was so very obvious that it became really necessary for Government to make a show of doing something, which might distract public attention, without wounding the susceptibilities of "railway interests." So the ingenious Chancellor of the Exchequer, learned in Greek arts, undertook the job. He devised a scheme for inquiring into the financial positions of railways, in order to ascertain the price per head of human beings, and per pound of merchandise, at which the railways do, and ought to, conduct their business.

This little device for evading an unpleasant topic by instituting an inquiry into an entirely irrelevant matter is very diplomatic; only it will not prevent human beings being smashed by railway collisions. Practically it will come to nothing. There will result just such a series of tables as any intelligent accountant would draw up from the railway traffic returns and the balance-sheets of the companies. And these will be utterly fallacious, affording no clue to the actual costs of transit. For the largest railways do not use their receipts to pay interest on existing capital. Years ago they squandered millions, now utterly lost and gone, in law. But this money is all made to appear as though existing in stock, since interest has still to be paid on it. This it is which keeps down the dividends. This is the reason why insignificant lines

through uninteresting country pay handsome dividends, because their construction was the only important cost, whilst the great railways which derive their names from the cardinal points of the compass, figure very poorly as investments at par. For they have spent in litigation, and without any appraisable result, gold enough to gild all their rails and make their stations as glorious as the temple of Solomon.

We think it right thus to indicate the present bearings of this question; holding that the lives of human creatures are of infinitely more importance than the political influence of any state party. We wait in faith that the conclusions come to by THE LANCET Commission "On the Influence of Railway Travelling on Public Health," and formed only after thorough and independent investigation of the subject, supply the true bases on which any efficient reform will be effected.

VIRGINS IN A VESTRY.

WE are puzzled to decide between the advantages and the disadvantages of living at Lochend—a place of which, let us confess, we did not know the existence till a day or two ago. On the one hand, it would seem to be a place in which, beyond most little places, scandal runs high, so that virginity and virtue are not secure from its attacks; on the other hand, it enjoys the advantage of being in close proximity to gentlemen who have rare and remarkable ways of "adjusting character." Our readers will not fully understand our perplexity without reading the following paragraph, which we extract from *The Times* of Monday last:—

"EXTRAORDINARY INVESTIGATION.—The following extraordinary advertisement appeared in the *Inverness Courier* of Thursday last:—'To the editor of the *Inverness Courier*.—'Dores Free Manse, Feb. 7, 1865.—Sir: Two females from Lochend called on me this night with a view to the publication of the accompanying document as an advertisement in the *Courier*. I hereby give my concurrence to the foresaid proposal. Have the goodness to send the document to Dr. Campbell, that he may insert one or two words which are wanting in his certificate, which must have been hurriedly written.—Yours very truly, A. MACPHERSON.' 'A rumour having been circulated tending to affect the character of the fair sex of Lochend, in reference to the body of a child lately found in Loch Ness, the inhabitants of the district deemed it expedient to get their character adjusted by Dr. Campbell, from Inverness, who on Monday last met all the young and unmarried females of the place in the vestry of the Free Church, and certified as to their character being free from reproach. A reward of £5 is hereby offered to any party who can give correct information to the Rev. Mr. Macpherson, Dores, of any one attributing the perpetration of the crime to any of the females within the bounds of Lochend.—Lochend, Jan. 25, 1865.' 'I hereby certify I have examined a number of young women of Lochend, and have no reason to believe that any of them have been recently confined.—W. A. CAMPBELL.'"

Our first feeling on reading the above was a mixture of amazement and incredulity, with a decided prevalence of the latter element. But a little reflection seemed to leave small doubt that some such terrible vindication of the virtue of the virgins of Lochend as is indicated above had actually taken place.

It would seem that a body of a child was lately found in Loch Ness, and that suspicion fell on the young women of Lochend who had no business either to be having children or putting them into Loch Ness. Of course this was very hard. But it is just what is happening in this or other ways every day. People are constantly being suspected of faults of which they are quite innocent. And there are numbers of cases in which there is no help for it, in which virtue is best shown by silence, and in which vindication is too noisy, too costly, too coarse to be commendable. It is high time for people to be finding out that they may pay too dearly for the vindication of their character, and that there is no virtue so questionable as that which forgets its own dignity in the demand for immediate justification. We should have expected that in so highly favoured a country as Scotland this great lesson would have been duly taught the people—the possibility of any amount of accusation being consistent with any amount of innocence, and, in some cases, the duty of serene silence. The case of the young women of Lochend was eminently one of this sort. There is no limit to the uncharitable fancy of the world in such circumstances; but the only proper answer to its charges is that of quiet and virtuous lives. This idea is the property of no particular sect, and we are at a loss to understand how the minister of a leading church in the neighbourhood should have been so forgetful of it as to allow his vestry to be used for a method of vindication as unseemly as it was unprecedented in church history.

But our principal duty is to express our entire disapproval of the medical course which was followed on this occasion. We know of no precedent in medical jurisprudence for such a proceeding, and the slightest reflection is enough to show its objectionable nature. When, in such cases, suspicion strongly attaches to a person in a community the law properly commands the examination of that person. But the examination of a whole community of virgins is a procedure which we refrain from characterising, and one which we regret that any medical man should have either sanctioned or practised. We are fain still to believe that there is some error or exaggeration in the reports, the correction of which may alter the aspect of this affair. If not, we will close our remarks by expressing a conviction that there is no other community in the country in which a consultation between virginity, divinity, and medicine would have resulted in such a singularly wrong course for the vindication of injured innocence. The young women of Lochend, none of whom have been "recently confined," may well say, "Save me from my friends."

POOR-LAW MEDICAL OFFICERS.

THE public are often too apt to criticise severely any neglect on the part of a medical officer of a union. They little think, when they are exercising their judgment, of the labours of those who become the objects of their ill-feeling. A gentleman, before he can obtain the appointment of surgeon to a Poor-law Union must be possessed of a double qualification, and must, moreover, furnish testimonials to the guardians as to his character and fitness for the office. Now, let us take an instance, amongst many, of the way in which these gentlemen are remunerated. The guardians of St. Matthew's, Bethnal-green, have issued the following advertisement for a duly qualified medical man to undertake the duties of medical officer for No. 4 District of the parish, and they present the following inducement to candidates to offer themselves for this most desirable appointment:—

"The salary will be £100 per annum, but no midwifery or surgical fees will be allowed. The elected candidate will be required to reside within his district, and perform all such duties as may be required by the rules and regulations of the Poor-law Board. The Guardians will also elect a gentleman duly qualified to perform the duties of Vaccinator for No. 4 District. The fee allowed for every successful case is 1*s.* 6*d.* The person elected will be required to reside, or keep a station, within the district."

Now this offer is strictly in accordance with the law as it stands. The "extras" may be either compounded for or may form an addition to the salary of the surgeon. These extras very frequently amount to a very important item in his stipend. But mark the effect of the arrangement which the guardians of Bethnal-green have made. It is a populous and poor district, and it is reasonable to suppose that a surgeon appointed by them will receive orders for attendance upon numerous cases of difficult midwifery and of surgical accidents. He is bound by his contract to attend to all these, however unnecessary, however onerous, and however responsible, and for this he is offered the munificent sum of

one hundred a year. Is this a "wise economy," or is it a mistake? We venture to think it is a very serious mistake indeed. We are well aware that our brethren, as a rule, are ever ready and willing to assist in every case to which they are called, not only in virtue of the bond which they have signed, but as acts of humanity which they daily and hourly exercise. But is it wise to make the medical officer subservient to a system which may, though unintentionally, involve him in an amount of labour for which he obtains no adequate remuneration? The Poor-law authorities, no doubt, had reason to promulgate the regulation that extras might be compounded for. In certain districts this might have been a proper regulation, but is it applicable to such a parish as Bethnal-green? We certainly think it is not. We should be glad to receive the statistics of attendance and medicine supplied by any former medical officer of this locality. It could not fail to be instructive. With reference to the fortunate individual who may succeed in obtaining the appointment of vaccinator to District No. 4 of the Bethnal-green parish, it would be curious to know at the end of the year the amount of his assets and of his deficits for the performance of the duties entrusted to him. We do not complain of the guardians for adopting a system for which they have the sanction of the Poor-law Board, but we do complain of a system which acts unjustly both to the medical profession and to the poor.

THE HEALTH OF THE PAST QUARTER.

FROM the Registrar-General's Quarterly Returns, we learn that a greater number of deaths were registered during the last three months of 1864 than in any previous autumn quarter since the commencement of registration. The total number of deaths amounted to 123,458, and the rate of mortality was 2·349 per cent. Thrice only has this death-rate been exceeded in the fourth quarter of the year—namely, in 1846, when it was as high as 2·545 per cent.; in 1847, when it reached 2·389 per cent.; and in 1858, when it attained 2·406 per cent. The average of ten corresponding quarters was 2·180 per cent. There was an excess of mortality in every registration division except the South-Eastern and North Midland Counties.

An exaggerated death-rate during the autumn quarter is not a new fact. The mortality of this quarter has been steadily increasing since 1860, and the augmentation would appear to be part of a more general phenomenon. The mortality of the entire kingdom has been steadily increasing since 1860. The deaths in 1864 reached nearly half a million (495,520), the rate being 2·385. On two previous occasions only has the rate been so high: in 1847, when the epidemic of influenza raised it to 2·471 per cent.; and in 1849, when, from the epidemic of cholera, it attained the high point of 2·512 per cent. The average of the ten preceding years was 2·214 per cent.

The quarterly returns of the Registrar-General throw little light upon the probable causes of the present high death-rate. It would be well, indeed, if these returns were extended so as to afford somewhat more precise information than they now give regarding the causes of death most concerned in bringing about great fluctuations in the death-rate. We learn vaguely that, in the past quarter, scarlet fever and small-pox were very prevalent and fatal in many districts. But are these diseases so prevalent as to account for the great augmentation of the death-rate? Has the scarlet-fever epidemic assumed such formidable proportions as almost to rival in fatality the great outburst of influenza in 1847, and of cholera in 1849? Is the small-pox epidemic still so little controlled as to affect the general death-rate of the kingdom? Or, on the other hand, is the augmentation of mortality due in the main to epidemic or other classes of diseases? The extracts from the returns of local registrars assist little in solving these questions.

The returns, however, show that both small-pox and scarlet fever prevailed to a formidable extent. It would seem, indeed, as if there had been a re-lighting of the small-pox epidemic. The disease was present in one or more districts of Sussex, Hampshire, Oxfordshire, Essex, Suffolk, Norfolk, Devonshire, Cornwall, Somerset, Gloucestershire, Herefordshire, Shropshire, Staffordshire, Worcestershire, Warwickshire, Lincoln, Notts, Derbyshire, Cheshire, Lancashire, the West and North Ridings of Yorkshire, Durham, Northumberland, Cumberland, Monmouth, and North Wales. The disease was most prevalent apparently in the West Midland Counties and Lancashire.

Scarlatina seems to have prevailed most in the South-Western, West Midland, North Midland, and North-Western Counties, Yorkshire, the Northern Counties, and North Wales. The returns, unhappily, abound with illustrations of the frightful ravages of the disease. At Aberdare (Merthyr Tydfil), out of 372 deaths, no less than 131 were caused by scarlet fever. Nineteen, moreover, were occasioned by small-pox. At Llangafolach (Swansea), 85 out of 177 deaths were caused by scarlatina.

The deaths from fever in Liverpool were very numerous; and the local registrar of Oswaldtwistle (Blackburn) reports that upwards of 300 persons in his district had been attacked with typhoid fever during the quarter. Of these 16 died.

The weather was on the whole cold. A warm period of seventeen days occurred in October; and towards the end of the year there were rapid alternations of warmth and cold. But, as a rule, the temperature of both day and night was low. On the 17th of December the deficiency of temperature was as large as 15¾°. The fall of rain was defective. The rainfall of 1864 was the smallest on record.

A ROYAL VISIT.

THE happy consequences of a recent Royal visit will, we understand, be soon experienced by the soldiers quartered in the foot barracks at Windsor. Successive reports of medical officers had failed to induce the military authorities to take any action in improving these insanitary quarters, and the evils which had been long endured threatened to become perpetual. On the occasion of her Majesty's recent visit to the barracks, she saw for herself, however, enough to induce her to make a communication which reached head quarters and produced instant activity. Quartermaster-generals and P.M.O.s, besides other great men, have been despatched to report and furnish estimates; and improvements necessary for health and comfort will be immediately taken in hand. These barracks have long been known as ill-fitted and unhealthy. At present and lately there has not been any epidemic disease in the barracks, as they are not crowded, many of the men being on furlough. In the summer the Fusiliers had several cases of erysipelas, and the battalion now in barracks had some on its first arrival. The cubic space in the barrack-rooms, when full, is only 370 feet per man. The deficient space in barrack-rooms, with the cold, damp, and underground lavatories and bath-rooms, have repeatedly been alluded to in the monthly so-called "Sanitary Reports." It is not yet known what the authorities are going to do, though they allow that the accommodation is bad, and that something must be done, especially in the quarters appropriated to the married sergeants, many of whom have only small single rooms for themselves and families. What is required to be done is to raise the barrack-rooms, to build entirely new quarters for the married non-commissioned officers, to erect new workshops, and to take care to have the bath-rooms and lavatories on the ground-floor; to do all which satisfactorily it will be necessary to buy up the space of ground at the back of the present building, on which for the most part exist small wooden cottages of one story high. The Royal Mews originally stood on the site of these barracks. The Cavalry barracks are equally bad as regards cubic space.

Happy the soldiers whose quarters the Queen inspects! But does not this convey something like a reproach to those who need the prick of higher authority to make them perform a simple duty of this kind, which has been frequently brought before their notice?

THE INDIAN MEDICAL WARRANT.

As we anticipated, the "almost incredible" report that the last Medical Warrant had been cancelled is not confirmed, and was not well founded. The *United Service Gazette* made a mistake.

When the Warrant of the 10th of May arrived in India, the Governor-General directed that the usual staff allowance should be given to medical officers in charge of regiments in addition to the new scale of pay. It is this act of the Governor-General that has been cancelled—a circumstance in itself much to be regretted. Many officers drew the staff allowance; and they have not been called upon to refund the amount. This is the apparent foundation of the blunder of our contemporary.

There are now *two* new Medical Warrants in India: one dated the 12th of May last; the second dated the 7th of Nov. Medical officers now in the service have the choice of either. Future entrants will be bound by the one dated the 7th of November, and which came into force on the 12th of December. Our own opinion is that the medical officers now in the service will not be satisfied until the usual staff allowance be restored to them.

There will be a further alteration in the medical service; for it has been decided by Clauses 15 and 16 of the newest Medical Warrant "that there shall be a separate administrative establishment for each service." This will cause a reduction amongst the inspector-generals of hospitals in her Majesty's *Indian* army, and a proportionate increase will be given to her Majesty's *English* army. But the question is, how does Sir Chas. Wood intend to reduce the number of the *present* deputy inspector-generals of hospitals? For by Clause 32 of the newest Warrant all are allowed to hold office for seven years from date of promotion.

With reference to a paragraph in the *Homeward Mail*, copied from the *Calcutta Englishman*, regarding the words "service *in* India," we understand that the words meant—"with the *usual leave*"—i.e., thirty years' service *in* India means twenty-six years in India and four on leave.

The authorities know nothing, we believe, of the future arrangements for the *present* service. Any alterations will be made at the suggestion of the Indian Government; and the first will probably be to offer *extra* pensions to some of the present deputy inspector-generals of hospitals, to make way at once for an increase of the same rank to the English army.

BACHELORS OF SURGERY.

THE anomaly which exists at many universities where a Mastership of Surgery is granted, but no preliminary surgical degree has attracted attention of late. The practice in respect to the examination for Surgery and Medicine is somewhat irregular and various. At the last meeting of the Branch Council for England steps were taken to bring about a rational uniformity. With this view the following resolution was moved by Dr. Storrar, seconded by Dr. Sharpey, and agreed to:—"That it is desirable either that all the universities of Great Britain should be legally empowered to institute a qualification in Surgery, to correspond with the degree of Bachelor of Medicine, which may be registered in the Medical Register; or, that all Bachelors of Medicine should be legally qualified to practise Surgery."

The resolution is very judicious, and will be generally approved. At present the status of a Bachelor of Medicine of, say the University of London, is dubious. The examination is searching, both in Surgery and Medicine, and the degree is held by more than one practising surgeon, who drops the title, however, because it is registered as a medical and not as a surgical degree.

GEORGE VICTOR TOWNLEY.

THE suicide of George Victor Townley sets at rest any anticipations that might have been formed with regard to a more decided verification of his mental condition as set forth by Dr. Forbes Winslow. To those acquainted with the close and intimate relationship between homicidal and suicidal insanity, this catastrophe will afford no surprise. By those who were loudest in their condemnation of the Home Secretary, who refused to consign an insane man to the scaffold, this wretched termination of his imprisonment may be received as an equivalent for, if not a completion of, the punishment they advocated.

THE

ANALYTICAL SANITARY COMMISSION.

RECORDS OF THE RESULTS OF

MICROSCOPICAL & CHEMICAL ANALYSES

OF THE

SOLIDS AND FLUIDS

CONSUMED BY ALL CLASSES OF THE PUBLIC.

REPORT

ON THE

JERKED BEEF, OR CHARQUI OF SOUTH AMERICA.

THERE are in this vast metropolis tens, and it may be hundreds of thousands of people who from week to week scarcely taste meat. Indeed, looking at the present price of butchers' meat, ranging from 8*d.* to 1*s.* per lb., and the wages which large numbers of the labouring population receive—namely, some 10*s.* or 14*s.* per week, and out of which frequently a family has to be maintained, it is impossible that it should be otherwise. The wonder is how people can manage to subsist at all upon such pittances.

Bread is commonly called "the staff of life," and in the sense that most persons live chiefly thereon it is so; but with greater reason meat might be termed the staff of life, since, weight for weight, it is far more nutritious. Any project, therefore, by which the poor may be enabled to obtain a fair proportion of meat, say two or three times a week, is one of the utmost importance, and demands the fullest consideration and investigation. With such a supply, strength for work would be increased, sickness diminished, life prolonged, and misery and wretchedness far less abound.

It appears that in no very distant part of the world the inhabitants have not only as much meat as they can eat, but an enormous surplus, which they would be glad to supply on most reasonable terms to others less favourably situated.

In South America, on extensive pastures, a vast number of cattle are reared, mainly for the sake of their skins or hides, fat, horns, and hoofs. This number in 1863, according to the best authorities, reached four millions; the surplus unconsumed, and which might be imported annually into this country, provided a ready market existed for its sale, being nearly two millions.

After the removal of the hides &c., the flesh or muscle free from bone is cut into slices. These are first salted, and then exposed to the action of the sun for a few days until they are suffi-

ciently dried. The slices thus prepared vary in thickness from a quarter to three-quarters of an inch, and in this form they constitute the dried or jerked beef, concerning which so much has been written within the last few weeks.

The beef is, however, prepared in two other forms. In one of these the slices are dried to a much less extent, and put up in rolls. This kind is distinguished by the appellation of moist or rolled beef; whilst in the other the beef is salted in the same manner as our own salted or corned beef.

In order to secure in this country a market for these articles, it is necessary that they should possess three recommendations—first, that they should be cheap; secondly, that they should be nutritious; and thirdly, that they should be free from taint or unpleasant flavour.

The first recommendation, that of cheapness, they certainly possess, each form of the beef being sold at 3*d.* per lb.; that is, at a little more than one-fourth the price at which fresh meat can be obtained in this country; but then it must be remembered that one pound of the dried beef is equal to about two pounds of lean fresh or undried beef, and therefore its cost scarcely exceeds 1½*d.* per lb.

Whether they possess the other recommendations adverted to, and are nourishing, wholesome, and free from taint, will be best considered after the results of the analyses to which we have subjected the various samples have been stated. For the sake of comparison, we first give the analyses of English Fresh and Corned Beef.

Sample 1st.

Lean English Fresh Beef.	Per cent.
Water	73·33
Fat	4·08
Nitrogenous matters, fibrin, albumen, &c.	20·76*
Ash	1·20
Inosite, creatine, and other undetermined matters	·63
	100·00

* Nitrogen 3·197 grs., = 20·78 grs. nitrogenous matters.

Sample 2nd.

Lean English Salted or Corned Beef.	Per cent.
Water	70·488
Fat	4·374
Nitrogenous matters, fibrin, albumen, &c.	18·170†
Ash	6·165
Undetermined matters	·803
	100·000

† Nitrogen 2·798 grs., = 18·17 grs. nitrogenous matters.

Sample 3rd.

Dried Jerked Beef, or Charqui, obtained from Mr. Madden, importer of the preserved meat, 5, Leadenhall-street.	Per cent.
Water	33·82
Fat	2·958
Nitrogenous matters, fibrin, albumen, &c.	40·954‡
Ash	20·456
Inosite, creatine, and other undetermined matters	1·812
	100·000

‡ Nitrogen 6·307 grs., = 40·954 grs. nitrogenous matters.

Sample 4th.

Dried Jerked Beef, or Charqui, obtained from the South American Beef Company, 153, Cheapside.	Per cent.
Water	29·70
Fat	10·41
Nitrogenous matters, fibrin, albumen, &c.	39·69§
Ash	18·55
Undetermined matters	1·65
	100·00

§ Nitrogen 6·113 grs., = 39·69 grs. nitrogenous matters.

It appears from the two preceding analyses—First: that nearly one-third of the so-called dried beef consists of water, namely, 31·76 grains per cent., being the mean of the two analyses; this is therefore considerably less than half the amount found in the sample of English fresh meat examined, which, as we have already seen, contained as much as 73·33 grains. Second: that one of the two samples was very deficient in fat, containing about 3 grains as against 4·08 grains per cent. present in the lean fresh beef. Third: they are particularly rich in nitrogenous matters, as was to be anticipated from the great reduction in the amount of water; the mean result of the two analyses being 40·32 grains, as compared with the 20·76 grains per cent. of the fresh beef, or just double the amount; so that one pound of the dried beef, as respects the nitrogen contained in it, is just equal to two pounds of the fresh lean beef. Fourth and lastly: that the ash of the dried beef amounted to nearly 20 per cent., while in the fresh beef it was only 1·2 per cent.; this enormous difference being due to the salt with which the beef is impregnated previous to its being dried in the sun.

Sample 5th.

Rolled or Moist Charqui, obtained from the South American Beef Company.	Per cent.
Water	46·69
Fat	7·995
Nitrogenous matters, fibrin, albumen, &c.	27·50‖
Ash	16·86
Undetermined matters	·955
	100·000

‖ Nitrogen 4·247 grs., = 27·50 grs. of nitrogenous matters.

This beef differs mainly from the dried charqui in the larger quantity of water it contains, which amounts to nearly one-half its weight, and which of course entails a proportionate reduction in the quantity of the nitrogenous constituents. The per-centage of water, although large, is still some 26 per cent. below that present in fresh beef.

Sample 6th.

Pickled Charqui, obtained from the South American Beef Company.	Per cent.
Water	39·00
Fat	12·17
Nitrogenous matters, fibrin, albumen, &c.	15·40*
Ash	11·37
Undetermined matters	2·06
	100·00

* Nitrogen 2·371 grs., = 15·40 grs. of nitrogenous matters.

This analysis of American Corned Beef can scarcely be contrasted with that of English Corned Beef; for while the latter was made from a sample of lean beef, the former was, on the contrary, from beef containing a considerable proportion of fat. In point of nutriment the two kinds of beef may be regarded as nearly upon an equality; the amount of salt present in the American beef is, however, double that in the English corned beef. It will be perceived that in both, but more especially the American Pickled Beef, the nitrogen present is much less than in the English Fresh Beef, the difference being due to the salting.

This pickled beef is similar to our own beef in being cut up into joints, and in containing a proportion of bone; so that, at 3*d.* a pound, it is not nearly so economical as the dried charqui.

The analyses above given are amply sufficient to prove that the several varieties of charqui or jerked beef are highly nutritive; the dried charqui, as compared with English fresh beef, containing about twice as much nitrogenous materials; the rolled charqui, 7 parts more in the 100 than the fresh beef; and the corned beef possessing nearly the same nutritive value as ordinary corned beef. They show also that the quantity of fatty matter in the dried beef is liable to considerable variation, being in the one case 2·958 grains, which is much less than that found in the English fresh beef, and in the other as much as 10·41 grains per cent.

It must not be forgotten, however, that this jerked beef is really not fresh beef at all, but salted beef—a fact which is brought out strikingly in the analyses; and therefore, in an discussions concerning it, it is proper that the article should be regarded from this point of view. In salting the jerked beef, brine escapes from it, in the same way as in salting ordinary fresh beef, and consequently it sustains a loss of a portion of its nutritive materials, as well as of other constituents. This will be rendered evident on comparing the amount of nitrogenous matter contained in the samples of fresh English, and English and South American salted beef.

We now turn to the consideration of the question of the wholesomeness of the beef, and its freedom from taint, and

this brings us to treat of the method which should be adopted for cooking the beef.

It is obvious that the sun-dried beef, being deficient in water, and somewhat hardened in the process of drying, and also largely impregnated with salt, requires as a preliminary operation to be well steeped. This abstracts a portion of the salt, causes the meat to swell up greatly, and to acquire increased bulk and weight: a piece of the beef weighing 786 grains, immersed in cold water for eighteen hours, was found on removal to weigh 1109 grains.

This process of steeping, however, tends to withdraw from it a small portion of the nourishment contained in it, for we found in the liquor in which the piece of beef weighing 786 grains was steeped, 42·5 grains of dried nitrogenized matter, chiefly albumen, equal to 5·4 grains per cent., of the 40 per cent. which it originally contained, and 153·5 grains of salt, equal to 14·13 per cent., out of the 18·55 grains present before it was steeped.*

Singularly enough, the salted beef yielded to water a larger proportion of nitrogenous matter than the fresh and unsalted beef: thus 1200 grains of the latter treated with successive portions of water, furnished 49·8 grains of nitrogenous matter, equal to 4·16 per cent., while 787 grains of the dried charqui, obtained from the South American Beef Company, gave 66·6 grains, equal to 8·46 per cent. This difference is probably owing to the action of the salt on the meat.

After the steeping, which is the most important part of the process, the meat may be well beaten with a rolling-pin; it must then be slowly cooked, and best by stewing, seasoning of various kinds according to taste being freely used, but no salt.

We have recently been present at an entertainment given by Mr. Madden, at which the charqui was served up in several different forms. The dishes were palatable, and free from any perceptible taint, with the exception of the stewed beef, and such in fact as no hungry person would decline to partake of. These desirable results are, however, only to be obtained when the meat is in a perfectly fresh state, when care has been taken in preparing it, and sufficient time allowed for the previous soaking. They are most likely to be obtained by using the dried charqui, as the rolled variety contains an amount of water which causes it quickly to spoil when exposed to the trying conditions of warmth and moisture. When not in a perfectly fresh condition, and carefully cooked, the meat possesses a peculiar and somewhat disagreeable flavour, not exactly due to decomposition, and to which meats preserved in tin cases are also to some extent liable.

Owing to the fact of the jerked beef being dried and salted, it is not adapted for roasting, but is best suited for stews, but more especially for soups, and for making potted beef. There are two ways in which the soups may be prepared: one by stewing down the meat and making a strong stock liquor, rejecting the fibrous and undissolved portions; the other by grating the meat up into a coarse powder, adding water, and then stewing. The latter is the easiest method, and the soup produced is the more nourishing, inasmuch as it contains all the constituents of the meat.

In the jerked beef, especially in its dried state, we have, we believe, a very valuable and much desired form of nourishment, for the sale of which a very large field exists in this country. It is necessary, however, that the greatest possible care should be taken in the preparation of the article for this market. We believe that considerable improvement in its preservation might be effected, and that its present condition in this respect is scarcely so satisfactory as is desirable. The consumption of the article in this country is as yet, however, in its infancy, and, doubtless, as the demand for it grows the quality of the imports will improve.

We have, in conclusion, to express the obligations we are under to Mr. Madden and to the agents of the South American Beef Company for the readiness with which they placed various samples of the jerked beef at our disposal, and for the information which they so freely rendered.

* See Analysis of 4th Sample.

CARDINAL WISEMAN.—We understand that his Eminence Cardinal Wiseman, the painful news of whose decease after wasting illness has been received with general regret, has been suffering for about twelve years from diabetes. In 1860, whilst in Rome, he suffered severely from carbuncle. His last illness was erysipelas of the head and face, which came on about three weeks ago. It was followed by a carbuncle on the scalp, ten days back. He gradually sank, exhausted by this accumulation of maladies.

Correspondence.

"Audi alteram partem."

MEDICAL EVIDENCE AT CORONERS' INQUESTS.

To the Editor of THE LANCET.

SIR,—In justice to my professional character, I am compelled to direct your attention to a letter from Mr. R. E. Swyer which appeared in the number of THE LANCET of the 11th instant.

Respecting a post-mortem examination of a newly-born infant which the Coroner requested me to make, and in a case which affected Mr. Swyer's professional character, he states: "This case of mine very completely establishes the truth of what THE LANCET has so frequently and powerfully advocated—viz., [the desirability of the appointment of medical Coroners, and] the duty of any gentleman who may be called in to make a post-mortem examination, and to give evidence in a case which has been under the care of another practitioner, to communicate to him the fact that he has been so called in, so that he may be present at the inquest or post-mortem." The brackets are my own, in order, by exclusion, to direct attention to that which concerns myself, and which deliberately signifies that I gave Mr. Swyer no such information.

Now read the truth. On Thursday evening, Nov. 24th, 1864, Burrows, the summoning officer, called on me, by order of the Coroner, and requested me to make the said post-mortem examination. I distinctly remember telling him to inform Mr. Swyer that I should do so, and that I would write the following day, fixing the hour on Saturday, that he might make the appointment with Mr. Swyer accordingly. That the officer carried out my instructions is clearly shown by a letter which I append. After my letter making this appointment, on the Friday evening I was requested by the Coroner to make another post-mortem on the same day—Saturday. I immediately wrote a second time to Burrows, altering the hour, in his case, from twelve o'clock to half-past ten o'clock A.M., in order that Mr. Swyer might know of this unavoidable alteration.

If this second communication failed to reach Mr. Swyer in time, he was otherwise perfectly aware of the altered hour, as is clearly shown by another letter which I also append. On being informed that the post-mortem was going on close by, Mr. Swyer went as if to the house; but no, he never came—observe, in a case which he alleges perilled him with a verdict of "manslaughter" by his *absence!*

Having thus vindicated my professional honour on this point, however damaging to Mr. Swyer's veracity, mark what follows.

At the inquest, Mr. Swyer never alleged that I had not communicated with him, although I spoke to him after the adjournment, when, by the way, he expressed himself perfectly satisfied with my evidence, and told me that he had performed "craniotomy" because of "rigidity of the coccyx" in the mother.

Subsequently, in his letter to me, Dec. 21st, requesting "a little explanation," and a copy of which appeared in your last impression, he never alluded to any such neglect on my part. But he proceeds to organize a public meeting of the profession, at which he proposed the first resolution,—"That the present mode of taking evidence at coroners' inquests is highly objectionable; and that, as a rule, the medical attendant at the hour of death should be communicated with by any gentleman who may be appointed by the coroner to make an examination." And he supported the principle of this resolution specially by my conduct *to the contrary* in his case. Nay, more: he never gave me any intimation whatever of the said meeting, nor has he since forwarded me a copy of his resolution; but he left me to discover the whole plot in the columns of THE LANCET and other journals, to which a report was forwarded.

Any comment from me on such a proceeding is quite unnecessary. Had I received any intimation of the meeting, however short the notice, or however inconvenient it might have been for me to attend, I should have been there, to silence my traducer by my presence alone, and to give any explanation otherwise that might have been suggested by my professional brethren.

I may add that my evidence, according to the post-mortem

appearances of the head, as to craniotomy having been skillfully performed, was not drawn from me by cross-examination. My previous examination being purely descriptive, I should certainly have given this opinion in due time, as indeed I had communicated the fact to the Coroner before the inquiry began. I also distinctly confined my evidence to the post-mortem examination, respecting which I am not inexperienced; but expressly declined to give any opinion as to the propriety of craniotomy in the case in question. Why the inquest was then adjourned, and why the censure of the jury in their verdict, are matters into which I need not enter.

I am, Sir, your obedient servant,

FREDERICK JAMES GANT, F.R.C.S.,
Surgeon and Pathological Anatomist to the Royal Free Hospital.

Grenville-street, Feb. 13th, 1865.

(COPY, No. 1.)

February 11th, 1865.
2, Green-street, Bethnal Green.

SIR,—In reference to a case in Royston-street, of the 24th of November, I called on you, by order of the Coroner, for you to make a post-mortem on the body of a new-born child, and on the 25th I received a note from you in order to let Dr. Swyer know you were coming on the following morning (Saturday) to make a post-mortem, and as soon as I received your note I went to Dr. Swyer and gave him notice of the same. I remember it quite well. It was a very wet evening, and Dr. Swyer asked me into his surgery, and he rubbed his head, and exclaimed, "Dear me, I did not think it would have come to this, as the people seemed quite satisfied when I left them."

I remain, Sir, your obedient servant,

J. W. BURROWS,
Coroner's Officer.

To Dr. Gant.

(COPY, No. 2.)

February 15th, 1865.
2, Green-street, Bethnal Green.

SIR,—I write to inform you that Dr. Swyer came on Saturday, November 26th, between ten and eleven o'clock A.M., and asked if my father was at home. I told him he was not. I told him he had gone to where the body was with Dr. Gant to make the post-mortem. He then drove in that direction.

Yours obediently,

W. W. BURROWS.

Parliamentary Intelligence.

HOUSE OF COMMONS.

FEBRUARY 13TH.

THE MAIN DRAINAGE OF THE METROPOLIS.

Viscount ENFIELD asked the hon. member for Bath, as a member of the Metropolitan Board of Works, what progress had been made in the main drainage of the metropolitan district, and when the same would probably be completed.

Mr. TITE said that on the Surrey side the drainage works, with some slight exceptions at Putney and Crossness, were entirely completed. On the Middlesex side, the high-level and middle-level sewers were finished, and were in complete operation, and carrying out the intentions of those who devised them. The only work remaining to be performed was the construction of the sewer under the Thames Embankment. A considerable length of that sewer had been completed, and upon their last inspection the Metropolitan Board passed through 300 or 400 feet of it. As to the exact time at which the works would be finished, the engineer stated in a report, dated February 2nd, that the works, both on the north and south side, would, with the exception of the low-level sewer, come into operation by the 29th of March next, but that the low-level sewer might probably not come into operation for a couple of years. The construction of the sewers was commenced in the year 1859, and they would cost about four millions of money.

FEBRUARY 14TH.

SANITARY STATE OF CALCUTTA.

Mr. VANSITTART asked the Secretary of State for India whether anything had been done to improve the sanitary state of Calcutta; if so, whether he had any objection to produce papers relating to the same; and whether it had been determined to relieve the European troops serving in India by the overland route; if so, whether any and what arrangements had been made for their transmission.

Sir C. WOOD said, in reply to the first question, that a sanitary commission had been some time ago appointed, and that they had made a report on the subject to the Government of India. He, however, had as yet received no account of what had been done in consequence of that report. It was, he might add, the intention of the Government to send out the troops to India overland.

POOR-LAW MEDICAL OFFICERS.

Mr. R. LONG rose to ask the President of the Poor-law Board whether he proposed to re-appoint the Select Committee on the Poor-laws, with the view of further inquiry into the position and the grievances of medical officers of Poor-law Unions.

Mr. VILLIERS replied in the negative. The committee had before it the evidence taken in the course of two previous inquiries in that House, and came to the conclusion not to take further evidence.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 9th inst.:—

Boult, Edmund Farrington, Bath.
Mackenzie, George Welland, Tiverton, Devon.
Mason, James, Barrowden, Rutland.
Roberts, John, Festiniog, N. Wales.
Rogers, Charles Edward Heron, Westmeon, Hants.
Tuck, Francis, Oxford.
Watts, Arthur John, Alfred-road, Harrow-road.

The following gentlemen also on the same day passed their first examination:—

Barton, Frederick, University College.
Croft, Gilmore Winton, St. Thomas's Hospital.
Withers, Walter Owen, King's College.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—During the recent sittings of the Examiners the following gentlemen passed their final examinations and obtained the diploma of the College:—

Clendinnen, William Ellis, Co. Wicklow.
Higgins, Thomas James, Lisson.
Hoggan, Edward, Meerut, India.
Ingram, James, Orkney.
Jamieson, Alexander Wallace, Derbyshire.
Mason, James, Rutlandshire.
Thin, Robert, Kilconquhar.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, EDINBURGH: DOUBLE QUALIFICATION.—The following gentlemen passed their first professional examinations during the recent sittings of the Examiners:—

Budge, John T., Caithness.
Coppinger, Albert W., Cork.
Goulden, James Henry Oswald, Stockport.
Leman, J., Montreal.
Mason, James Lindsay, Montreal.
Roche, Arthur, Cork.
Stewart, Robert, Edinburgh.
Thompson, William G. W., Ballymony.
Wotherspoon, J. Thompson Richardson, Dumfriesshire.

And the following gentlemen passed their final examinations and were admitted L.R.C.P. Edin. and L.R.C.S. Edin.:—

Beresford, Robert, Dublin.
Dods, James, East-Lothian.
Forbes, Daniel Mackay, Edinburgh.
Hague, Samuel, Ashton-under-Lyne.
Miller, Alexander Hunter, Edinburgh.
Turner, Robert, Antrim.

INDIAN MEDICAL SERVICE.—It is stated that only twelve candidates have come forward to compete for thirty of the Indian appointments as Assistant-Surgeons. In this, the Government of India meet with the just reward of their past fast-and-loose dealings with their medical servants. This is the result of the distrust engendered by years of faithless conduct. We trust, too, that the lesson will not be lost on those at the Horse Guards who have so long shown supercilious indifference and bad faith towards their medical officers.

MEDICAL EXAMINER AT EDINBURGH.—Dr. Seller has been appointed one of the Medical Examiners in the Edinburgh University, in the room of Dr. Begbie, resigned.

THE DAVENPORT BROTHERS.—These impostors have met with a warm reception at Liverpool. At a *séance* given by them on Wednesday night, the audience, not relishing the fraud, ascended to the stage and demolished the mysterious cabinet.

THE HUNTERIAN ORATION.—The oration which is now given biennially in memory of Hunter was delivered on Tuesday last in the lecture theatre of the Royal College of Surgeons, by Mr. Partridge, F.R.S., a member of the Council of the College, before a very large auditory, including the Chancellor of the Exchequer, the President of the Royal College of Physicians, Mr. Foster White, Treasurer of St. Bartholomew's Hospital; Mr. Hilton, Dr. Hawkins, &c. The leading aim of Mr. Partridge's address was to contrast the superficial mode of anatomical and physiological investigation which prevailed before the time of Hunter with that which has been pursued with so much demonstrative accuracy and success by the inquirers of the present day. He pointed out the chief characteristics of Hunter's mind, by means of which he achieved for himself such an enduring reputation as a surgeon and a naturalist. Mr. Partridge then alluded in feeling terms to the loss which the College of Surgeons had sustained since their last meeting by the death of Mr. J. H. Green, late President of the Medical Council, and Mr. Belfour, who for fifty-four years filled the office of Secretary to the College; and concluded an eloquent oration amid great applause.

BENEFICENCE.—The funds of St. George's, Middlesex, and the Lock Hospitals have just benefited to the extent of £100 each under the will of George Dodd, Esq., F.S.A., who has bequeathed a large amount to other charities, not strictly medical.

THE HONOUR OF KNIGHTHOOD.—The "London Gazette" of the 14th inst. states that her Majesty has been pleased to direct letters patent to be passed under the great seal granting the dignity of a Knight of the United Kingdom unto Alexander Taylor, Esq., M.D.

THE BLANE MEDALS.—These naval prizes, founded by the late Sir Gilbert Blane, have just been awarded to Charles Forbes, M.D., M.R.C.S., of H.M.S. *Topaze*, 1860, and Andrew Graham, M.D., of H.M.S. *Agamemnon*, 1861.

MORTALITY IN ANTIGUA.—In 1863, the death-rate in Antigua (without counting the still-born) was 1 to every 23·53 living persons; 31 per cent. of the children died in their first year—47 per cent. in St. John's parish, which has more than 16,000 population.

THE LATE DUKE OF NORTHUMBERLAND.—The death of this estimable and accomplished nobleman has caused deep regret amongst the friends of science, of which he was an eminent and consistent patron. As a tribute of respect to his memory, the Royal Institution is closed during the present week; consequently the lecture on Friday evening, as announced in the last number of THE LANCET, will not be delivered.

FATAL DISSECTING WOUND.—M. Panthin, a young and highly-esteemed resident surgeon of the St. Louis Hospital at Paris, died a short time ago, in consequence of a slight wound on his hand, with which he met during a post-mortem examination.

DR. LIVINGSTONE, the indefatigable medical explorer, is said to have devoted himself to a renewed series of African expeditions. He is now planning a journey from the east coast to the district lying between his most northern point on Lake Nyassa, and Burton and Speke's southernmost on Lake Tanganyka.

SMALL-POX IN ALGIERS.—The prevalence of small-pox in Algiers has induced the French medical practitioners to instruct the natives in the practice of vaccination. It is said that this operation has now become quite popular amongst them.

SEASONABLE BENEVOLENCE.—At the meeting of the Committee of Management of King's College Hospital, held on Friday last, Mr. Robert Pryor in the chair, an old friend and liberal supporter of the charity, who requested that his name should not be mentioned, attended and handed to the chairman the munificent sum of £504, being sixteen new life governor's donations of thirty guineas each, in aid of the current expenses of the hospital.

TESTIMONIAL.—The friends of Dr. Baker, ex-churchwarden of Shoreditch, recently dined together at the London Tavern, on the occasion of the presentation of a testimonial, being a service of plate, comprising salver, tea-pot, coffee-pot, sugar-basin, cream-jug, and spoons, valued over one hundred guineas, as a mark of their appreciation of his services.

Obituary.

RICHARD DUGARD GRAINGER, Esq., F.R.S.

THIS distinguished physiologist died on the 1st inst. His health had long been failing. The earnest sense of duty and of useful work to be done had, indeed, for several years sustained him in a conflict with disease under which most men would have given way. He had been suffering from albuminuria for some considerable time before his death.

Mr. R. D. Grainger was the son of Mr. Edward Grainger, a surgeon of considerable practice in Birmingham, and was born in that town in 1801. His first intention was to go into the army, and he entered as a cadet at the military academy at Woolwich. This intention, however, was not fulfilled. His brother, Edward Grainger, at this period was a most successful and accomplished teacher of anatomy at the Webb-street School of Medicine, which he, in conjunction with Dr. Armstrong, Dr. Southwood Smith, and others, had established. In this undertaking Richard was induced to join, led by the failing health of his brother. The Webb-street School, or, as it was then called, the School of the Graingers, was at this time the most celebrated school of anatomy in London; and, not being connected with any of the great London hospitals, and being their most formidable rival, Edward Grainger was submitted to a series of oppressions and acts of injustice on the part of the hospital surgeons in London, but more particularly by those composing the Council of the Royal College of Surgeons. Edward Grainger, in addition to being a highly-gifted lecturer, was a man of great courage and indomitable perseverance. He met the attacks made upon him with that resolution which might have been expected of him. He was supported in his contest with the hospital authorities by THE LANCET, and though he succeeded in overcoming opposition and establishing his unrivalled reputation as a teacher, he did not live to reap the reward of his talents and his labours. At the time it was thought that the continual harass to which he had been subjected, and his laborious duties in the dissecting-room, combined to shorten his days. In this opinion we know that he participated. Whatever grounds there may have been for this opinion we shall not now seek to determine, but we may observe that the early history of the School of the Graingers occupies a melancholy page in the annals of our profession.

Richard Grainger succeeded his brother as chief of the School, and though acknowledged to be able, eloquent, and industrious, the institution gradually sank in importance, and in 1842 it amalgamated with the Medical School of St. Thomas's Hospital, in which Richard Grainger was appointed to the chair of anatomy and physiology. For many years he occupied this post, until in 1860, partly from ill health, he retired from its duties. During the long period that he was a teacher, no man was more beloved by his pupils, more enthusiastic and unremitting in his labours. How successful he was as a teacher many still remember with gratitude and affection. He was remarkable for zeal, conscientiousness, lucidity, and originality. Men, themselves teachers and practitioners, would gather round his lecture-table in the Borough to hear his admirable exposition, so carefully illustrated, of the then new researches on generation. His museum of anatomy and pathology was the fruit of unwearied toil and unfailing sagacity. For some few years previous to his retirement Dr. Brinton had been associated with him as lecturer on physiology. On his complete retirement the students and other friends of St. Thomas's marked their sense of the respect in which he had been held by founding a "Grainger Testimonial Prize." A subscription amounting to £500 was collected. He declined to accept any testimonial himself; and so, to commemorate most fittingly the excellence of the teacher, this Prize is awarded to the student for the best physiological essay, to be illustrated by preparations and dissections. The prize will possess a melancholy interest, as its first award will take place in this, the year of his death. The fame of Grainger rests mainly upon his labours as a teacher. He had not since his early career devoted himself in any great degree to practice. The great earnestness of his convictions, the strength of his benevolence, impelled him to throw his energies into other work. He was one of the first pioneers in this country

in the now advanced science of hygiene. His labours in promoting sanitary reform were most devoted.

In 1841 he was appointed one of the inspectors of the Children's Employment Commission. In 1849 he became inspector under the Board of Health to inquire into the nature, origin, and extension of cholera. He was inspector under the Burial Act in 1853, and held this office until his death. He was one of the commissioners of the second Children's Employment Commission, formed in 1862. In all these highly important and responsible offices he laboured assiduously and successfully. With these his name will ever be associated, and he must always be regarded as a benefactor to his species. To the last he manifested an active interest in his work, and was always ready to assist with advice and information those who were engaged in sanitary progress. His sanitary work will be a memorial of his practical philanthropy; he himself, no doubt, regarded it as some acquittal of the obligation laid upon every man to be useful in diminishing the physical ills which impede the moral and religious welfare of his fellowmen. His claim to reverence for these labours will be acknowledged by his professional brethren at least as cordially as by the public, in whose benefit they were exerted.

With regard to the literary labours of Richard Grainger, foremost amongst his works must be mentioned his "Observations on the Spinal Cord," which contributed in no small degree to the correct understanding of the anatomy of the nervous system. His researches supplied the anatomical basis of that doctrine of reflex action which Marshall Hall had reasoned out of physiological experiments. His "Elements of General Anatomy" was a book invaluable on its first appearance, and even now is interesting and instructive. In 1848 he was called upon to give the Hunterian oration at the Royal College of Surgeons. His discourse was entitled "Observations on the Cultivation of Organic Science." It deserves to be studied for its advanced views in biology, for its deep thought, and for its eloquence. It is an address far above the standard of these orations, which mostly rise above mediocrity. His last literary, production was one contained in the first volume of THE LANCET for 1864, p. 307, and had reference to medical education. It is written with his usual elegance, clearness, and modesty. When applied to by an old friend connected with this journal to state his views and experience on this important subject, he acquiesced with readiness, but expressed a deep anxiety not to be considered presumptuous in even appearing to dictate a course which should be pursued by the Medical Council. In answer to this he was reminded that for nearly forty years he had been foremost amongst those who had conducted the education of medical practitioners. His views and opinions upon such a subject could not fail to be of value. That this expectation was not ill-founded anyone who will take the trouble to refer to the article in question will readily acknowledge.

In personal appearance Mr. Grainger was considerably above the middle height; an habitual stoop did not detract from the dignity of his appearance. He had a high and expansive forehead; quick and intelligent eyes; a mouth which physiognomists regard as betokening eloquence; a chin denoting resolution and firmness.

In summing up the character of Richard Grainger but few words are necessary. He was a thorough Christian in the widest acceptation of that term. He was ever actuated by the highest motives and the purest aspirations. He belonged a class always rare: the scientific lecturer out of practice. Educated for the profession and thus cognisant of the requirements for his study, and not harassed by the paramount claims of medical practice, he formed a link as it were between biological science and medicine, which the present system of medical education and scientific cultivation is daily tending to sever. The early vicissitudes which he experienced in connexion with the Webb-street School, instead of embittering him, had made him tolerant, kind, and benevolent to others. He died as such a man would be expected to die, with no terrors for the future. He left behind him no children, but a widow, of whom it is the highest honour to say that she was the worthy partner in life of Richard Dugard Grainger.

DR. WILLIAM WILLIAMSON, OF ABERDEEN.

WE record with great pain the death of Dr. William Williamson, of Aberdeen. Dr. Williamson was a distinguished and highly-esteemed member of the profession. At the age of forty, he has added another to the list of medical men who have fallen martyrs to their dangerous duties. He died of typhus fever, contracted in the performance of his official labours of attendance upon the sick at the Royal Infirmary. He graduated as M.D. at Edinburgh in 1847, and has been connected with the Aberdeen Infirmary during the last thirteen years, having discharged his duties with devotion and success. Only last year he was appointed Senior Physician and Lecturer on Clinical Medicine at this infirmary. He was Examiner in Medicine in the University of Aberdeen, and was looked upon by the profession and the community at large as one of the chief ornaments of the school and University. A fortnight since the premonitory symptoms began to show themselves: on the evening of Thursday, the 16th inst., he fell asleep in peace. His death has spread a deep gloom over the community.

MEDICAL VACANCIES.

Dorset County Hospital—House-Surgeon.
Lisheard Union—Medical Officer and Public Vaccinator.
Liverpool Royal Infirmary—Junior House-Surgeon.
London Fever Hospital—Assistant Resident Medical Officer.
Newark Union—Three Medical Officers.
Queen's Hospital, Birmingham—Physician.
Royal General Dispensary—Physician and Assistant-Physician.
St. Matthew, Bethnal-green—Medical Officer and Vaccinator.
Torbay Infirmary and Dispensary—House-Surgeon and Secretary.

MEDICAL APPOINTMENTS.

P. ADAIR, M.R.C.S.E., formerly of King's College and the Westminster Hospitals, and lately of H.M.'s Indian Navy, has been appointed by the Government of Bombay to be Medical Superintendent of Establishments of Submarine and Mekran Coast Sections of the Government Indo-European Telegraph: Headquarters at Kurrachee, Sind.

J. BELL, F.R.C.S.E., has been appointed Assistant-Surgeon to the Surgical Clinical Wards of the Royal Infirmary, Edinburgh.

W. J. BOWDEN, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Rectory Registration District of the Parish of St. Marylebone, vice J. Mulreany, M.D., resigned.

W. COOPER, L.R.C.P.L., has been elected Medical Officer and Public Vaccinator for District No. 3 of the Bristol Incorporation of the Poor, vice J. James, M.R.C.S.E., appointed to District No. 1.

H. EDGEWORTH, F.R.C.S.I., has been appointed Surgeon to the Constabulary of Longford, vice C. H. Hyde, L.R.C.P.Ed., deceased.

U. FITZMAURICE, L.K.Q.C.P.I., has been elected Medical Officer for the Listowel Dispensary District of the Listowel Union, Co. Kerry, vice J. Loughnan, M.D., deceased.

J. B. C. HAMPSON, L.D.S. R.C.S.E., Dental Surgeon to the Clergy Orphan Corporation, Cripples' Home, and Female Refuge, has been elected Dental Surgeon to the Samaritan Free Hospital.

J. R. LEARY, L.R.C.P.Ed., has been elected Medical Officer and Public Vaccinator for the Emlagh Dispensary District of the Cahirciveen Union, Co. Kerry, vice E. Barry, M.R.C.S.E., deceased.

J. M'MANUS, L.A.H. Dub., has been appointed Apothecary and Secretary to the County Infirmary, Longford, and Apothecary to the Gaol, vice C. H. Hyde, L.R.C.P.Ed., deceased.

Mr. R. C. POWLES has been elected House-Physician to King's College Hospital, vice E. Casey, M.B., appointed Resident Medical Officer and Tutor at the General Hospital, Birmingham.

I. W. USHER, L.R.C.P.Ed., has been elected Medical Officer, Public Vaccinator, and Registrar of Births, Marriages, and Deaths for the Tinahely and Askakee Dispensary District of the Shillelagh Union, and Medical Officer to the Bridewell and to the Constabulary of Tinahely, vice R. J. Leeper, L.R.C.S.I., deceased.

T. L. WATKIN, M.D., has been re-appointed (having resigned about three years ago from ill-health) one of the Physicians to the Durham County Hospital, vice J. W. Maltby, M.D., resigned.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

J. ATKINSON, M.R.C.S.E., has been appointed Assist.-Surgeon to the 36th Cheshire Rifle Volunteer Corps.

A. W. BEVERIDGE, M.D., Assist.-Surg. in the Royal Artillery, has been posted to No. 5 Battery 24th Brigade at Morar.

J. H. N. BRACKEN, L.K.Q.C.P.I., Assist.-Surgeon in the Royal Artillery, has been posted to the D Battery 23rd Brigade at Secunderabad.

N. CARTER, L.R.C.P.Ed., Assist.-Surg. in the 109th Foot, has been appointed to relieve Assist.-Surg. Royle, of the Royal Artillery at Aden.

W. W. CLARK, M.D., has been appointed Hon. Assist.-Surg. to the 7th Northamptonshire Rifle Volunteer Corps.

J. DAVIDGE, L.R.C.S.I., Assist.-Surg. in the Royal Artillery, has been posted to No. 6 Battery 25th Brigade Bhootan Field Force.

H. GIRAUD, M.D., Surg.-Major Bengal Service, has been appointed Surgeon to the Jamsetjee-Jejeebhoy Hospital, and Principal of the Grant Medical College.

C. H. Y. GODWIN, M.R.C.S.E., Assist.-Surg. in the Royal Artillery, has been posted to No. 1 Battery 25th Brigade at Delhi.

A. E. HALL, M.R.C.S.E., Assist.-Surg. in the Royal Artillery, has been posted to the E Battery 23rd Brigade at Bellary.

C. HARRIS, M.D., has been appointed Hon. Assist.-Surg. to the 9th Cinque Ports Rifle Volunteer Corps.

J. A. ILLINGWORTH, M.R.C.S.E., Assist.-Surgeon in the Royal Artillery, has been posted to the E Battery 19th Brigade at Jullundur.

W. IRONSIDE, M.D., Assist.-Surg. in the Royal Artillery, has been posted to the G Battery 19th Brigade at Peshawur.

J. B. JARDINE, Assist.-Surg. in the Royal Artillery, has been posted to the G Battery 18th Brigade at Baroda.

J. S. JOYNER, L.K.Q.C.P.I., Assist.-Surgeon in the Royal Artillery, has been posted to the D Battery 18th Brigade at Neemuch.

T. A. C. MACARTHUR, L.R.C.S.Ed., Assist.-Surg. in the Royal Artillery, has been posted to the C Battery 22nd Brigade at Moorar.
H. H. MACLEAN, L.R.C.S.I., Assist.-Surgeon in the Royal Artillery, has been posted to the A Battery 16th Brigade at Saugor.
C. MAUNSELL, Assist.-Surg. in the Royal Artillery, has been posted to the D Battery 19th Brigade at Mooltan.
J. H. OLIVER, M.R.C.S.E., Assist.-Surgeon in the Royal Artillery, has been posted to No. 3 Battery 24th Brigade at Peshawur.
J. J. POPE, M.R.C.S.E., Assist.-Surg. in the Royal Artillery, has been posted to No. 1 Battery 21st Brigade at Mhow.
W. W. QUINTON, M.B., Assist.-Surg. in the Royal Artillery, has been posted to the G Battery 22nd Brigade at Meerut.
C. RICKETTS, Assist.-Surg. in the Royal Artillery, has been posted to the A Battery 19th Brigade at Ferozepore.
J. B. ROSS, L.R.C.P.Ed., has been appointed Assist.-Surg. to the 1st Tower Hamlets Engineer Volunteer Corps, vice Tripe, resigned.
A. ROYLE, M.R.C.S.E., Assist.-Surg. in the Royal Artillery, has been posted to No. 3 Battery 21st Brigade at Belgaum.
R. RUTHERFORD, Assist.-Surg. in the Royal Artillery, has been posted to the D Battery 16th Brigade at Dinapore.
J. D. SAINTRE, M.R.C.S.E., Assist.-Surgeon in the Royal Artillery, has been posted to the C Battery 16th Brigade at Barrackpore.
H. SHERLOCK, M.R.C.S.E., Staff Assist.-Surg. Army, has been appointed to do duty with the 33rd Foot at Poona.
G. SIMON, M.D., Assist.-Surg. in the Royal Artillery, has been posted to the B Battery 23rd Brigade at Secunderabad.
F. S. STEDMAN, Assist.-Surg. Bombay Service, has been appointed Assist.-Surg. to the Jamsetjee-Jejeebhoy Hospital, and Professor of Medicine in the Grant Medical College.
W. THOM, M.D., Surg.-Major Bombay Service, has been appointed to officiate as Deputy Inspector-Gen. of Hospitals, with temporary rank, from the date of Deputy Inspector-Gen. Davidson's departure to Europe.
A. V. WARD, Assist.-Surgeon Bombay Service, has been ordered to assume charge of the office of Deputy Inspector-Gen. of the Mhow Division from the date of the departure of Deputy Inspector-Gen. of Hospitals R. H. Davidson, M.D.
R. WHITE, L.R.C.S.I., Assist.-Surg. in the Royal Artillery, has been posted to the F Battery 22nd Brigade at Agra.
T. H. WHITE, M.D., Assist.-Surg. in the Royal Artillery, has been posted to the B Battery 22nd Brigade at Jhansi.
E. WILKES, M.R.C.S.E., Assist.-Surg. in the Royal Artillery, has been posted to the F Battery 19th Brigade at Meean-Meer.

Births, Marriages, and Deaths.

BIRTHS.

On the 13th of Dec., at Melbourne, Victoria, the wife of James T. Rudall, F.R.C.S., of a son.
On the 28th of Dec., at Poona, the wife of Assist.-Surgeon Mennie, of a son.
On the 1st inst., at Maldon, Essex, the wife of Henry J. Thorp, M.R.C.S.E., of a son.
On the 6th inst., at Old Friars, Richmond-green, the wife of F. Chapman, M.R.C.S.E., of a son.
On the 7th inst., at Beomond, Chertsey, Surrey, the wife of Dr. Chaldecott, of a son.
On the 7th inst., at Askeaton, the wife of W. D. Murphy, M.D., Surgeon Limerick Artillery Militia, of a son.
On the 8th inst., at Upper Ormond-quay, Dublin, the wife of Dr. T. Willis, of a daughter.
On the 9th inst., at Melville-street, Edinburgh, the wife of J. Iver Murray, M.D., Hong-Kong, of a son.
On the 9th inst., at Victoria-park, Manchester, the wife of Dr. E. Adams, of a son.
On the 11th inst., at Dorset-terrace, Clapham-road, the wife of J. Shea, M.D., of a son.
On the 12th inst., at Connaught-square, Hyde-park, the wife of J. Easton, M.D., of a son.

MARRIAGES.

On the 7th inst., at Uny Lelant, Cornwall, Dr. Best, of St. Ives, to Caroline, daughter of J. T. Young, Esq., of St. Mary-at-hill, London, and Greenhithe, Kent.
On the 10th inst., at Edinburgh, J. Watson, M.D., Physician to the British Consulate at New Chwang, to Margaret Cochrane, daughter of J. Fergusson, Esq.

DEATHS.

At Ballieborough, Co. Cavan, J. Fisher, M.D., Surgeon to the 6th New York Volunteers, aged 25.
On the 27th ult., at the Isle of Portland, Dorset, Thomas Nicolas, M.D., late Staff Surgeon British Military Hospitals, Scutari, aged 42.
On the 29th ult., at Stamford-street, Blackfriars, F. W. Willders, M.D., aged 36.
On the 31st ult., at Montrose, Henry Holle, M.R.C.S.E., aged 80.
On the 4th inst., at Woodville-terrace, Hounslow, Emma, the wife of Joseph Chapman, Surgeon.
On the 5th inst., W. Golland, M.R.C.S.E., of Manchester, aged 52.
On the 6th inst., J. Crawford, L.F.P. & S. Glas., of Kincardine, Perthshire.
On the 8th inst., W. Lowe, M.R.C.S.E., of Warboys, Huntingdonshire.
On the 8th inst., R. M. Wavell, M.D., of Newport, Isle of Wight, aged 66.
On the 8th inst., R. M'Limont, M.D., of Catherine-place, Bath.
On the 8th inst., R. M. Loadman, L.S.A., of St. Albans-terrace, Hammersmith, aged 67.
On the 9th inst., at Bedford-circus, Exeter, William Woodman, M.R.C.S.E., aged 63.
On the 10th inst., at Cork, of typhus fever, John Augustus Cæsar, M.R.C.S. Eng., aged 33.
On the 10th inst., Wm. Young, M.D., of Maryhill, Glasgow.
On the 13th inst., at Bristol, of typhoid fever, Mr. K. Bennett, Medical Student.

To Correspondents.

THE "LONDON REVIEW."

THE "scientific" columns of the *London Review* contain an angry answer to our criticism of the absurd statements concerning ovariotomy in England and on the Continent, published in a previous number of that journal. The writer refers to M. Kœberlé's paper for the facts. But that paper gives only M. Kœberlé's statistics, and none of that farrago of nonsense with which this writer dressed up the figures; and certainly one cannot find there any justification for these silly remarks. He speaks, however, of having had several opportunities of observing the "heroic" method of performing ovariotomy, which he deprecates as Anglican. It only remains to ask who he is, and to what authority his judgment is entitled. It is abundantly evident that his acquaintance with the history of the operation on which he writes so flippantly is very imperfect, and we have no reason to admit his personal opinion as of great weight in the matter. This is an operation which Continental surgeons are adopting on the authority of the successes of English surgeons, and it is well that he should know it, and, knowing it, that he should recognise the error which he made in what he penned. Further on this writer attempts a Roland for our Oliver. He criticises with malice and anger a brief summary which we inserted from the author of a paper on "Tænia." Here again the critic is at fault, for that paragraph is not open to the objection he urges. But, oddly enough, the printer's devil avenges upon the writer the fury which drove his pen. Can it be possible that he seriously meant to refer us to "Van Beulden," or did he mean "Van Beneden"?—to "Seuckart," or did he mean "Leuckart"? Then, too, why should a gentleman who objects to the generalization of the term *larva* discourse about a "cysticercus," and tell us of a "desto-scolex"? *Quem deus vult perdere.*

A. E.—An English surgeon, by applying to the Minister of the Interior, may by him be authorized to practise in France. Such authorization is generally granted to qualified men, who can then practise without restriction as to nationalities. Foreigners, with diplomas, sometimes neglect to seek the permission above alluded to, and may or may not be interfered with.

WE have received 10*s.* 6*d.* from Dr. S. Day Goss, of Newington-place, towards the Walker Fund.

THE MEDICAL ACT.

To the Editor of THE LANCET.

SIR,—On reading over the proposed amended clause of the 40th section of the Medical Act, which was decided upon at the meeting of the Branch Council held on the 27th ultimo, there evidently appears every desire on the part of the Council to benefit the general practitioner and the profession at large. But one thing of great importance seems to be omitted, and that is the little word *or*, put before who shall take or make use of any of the titles, &c. &c. By the addition of this word *or*, we should then be in a position to put a stop to that class of herbalists, druggists, &c., who keep shops, and make a good living by going about the country, who do not use any professional title, but by some means or other gain the confidence of the inhabitants of rural districts where they reside, and so have all the advantages of the legitimate practitioner without actually using any professional title.

I am, Sir, yours obediently,
Townhope, Hereford, Feb. 7th, 1865. A GENERAL PRACTITIONER.

To the Editor of THE LANCET.

SIR,—Quacks and irregular practitioners put the word "surgery" on a brass-plate in some instances. This is not prohibited in the contemplated Amendment of the Medical Act. If it could be prohibited to use terms signifying that the house or office is used for purposes connected with medicine, surgery, or midwifery, might it not be useful? Yours truly,
February 8th, 1865. M.D.

A Layman.—A medical practitioner is not obliged to undertake the consideration or treatment of any case if he chooses not to do so; but having once engaged in a case, he is rightly expected to continue his services if such be properly remunerated, and no very exceptional circumstances occur to forbid his attendance. Still every instance has its own peculiarities which are entitled to consideration.

P. R.—1. "Once a captain always a captain." He can retain the cockade.—2. By courtesy only.

T. R. B.—Apply to Dr. Pavy on the subject.

George F.—Purpurine, purpuric acid, murexide, purpurate of ammonia, are terms which have been applied to the coloured material in question.

Dr. Cory will find the information he requires in the Post-office Directory.

VOMITING AFTER SCARLET FEVER.

To the Editor of THE LANCET.

SIR,—I shall be glad if any of your readers will suggest some means that might, if but for a short time, control the nausea and vomiting dependent on disease of the kidneys after scarlet fever. I am aware that to remove the cause would be a philosophical suggestion; but we require time to do this. Meanwhile the patient, who is in such a case already much exhausted, is likely to sink unless we can stop the vomiting, so as to enable him to retain some nourishment. I have tried a number of remedies, such as morphia, prussic acid, alkalies, &c., all unavallingly. I treat the kidney disease with leeches and hot baths, &c.

I should also like to know whether it has been observed that the worst cases and most fatal are not those in which the dropsy is general and well-developed, but rather those in which only a little puffiness about the eyes and a slight pitting on pressure at the ankles are seen. It is in these latter cases that all our efforts to ward off convulsions, coma, and death are too often useless.

I am, Sir, yours faithfully,
February 13th, 1865. AN ENQUIRER.

RETIRING SALARIES OF POOR-LAW MEDICAL OFFICERS.

OUR observations on the right of the medical officers of the Irish Unions to receive superannuation allowances have elicited comments from *The Constitution, or Cork Advertiser*, unfavourable to that proposition. Dr. Richard Corbett, Vice-President of the Cork Medical Protective Association, invited our contemporary's criticism, though aware of its opposition to the views we advocated. In so doing, Dr. Corbett has rendered the profession good service, as he has thereby challenged arguments against the recognition of claims that must commend themselves to the sense of justice of all impartial members of the community. The only argument urged against the proposition put forward on behalf of the medical profession is, that the positions of Poor-law Union officers are voluntarily accepted with a full consciousness of the payment and services to be rendered. The same reasoning applies to every situation in the public service, and simply acknowledges the anomaly of the Poor-law department, without offering the slightest argument in defence of such an exceptional policy. We shall recur to this subject.

Enquirer asks whether any law can reach those medical men, unfortunately qualified and registered, who lend their names to unqualified practitioners at a distance from their own sphere of practice, and in the immediate proximity to qualified men? To this it may be answered that there may be cases which the law would reach; but in order that a definite conclusion may be arrived at, the individual case must be stated fully in all its particulars.

DETERMINATION OF THE HEAT OF THE BLOOD.

To the Editor of THE LANCET.

SIR,—In the clinical observations on Typhus Fever by Dr. W. T. Gairdner, in THE LANCET of the 21st ultimo, is the following remark:—"Internal heat as determined by the thermometer is a very valuable indication; but it is so much more cumbrous as a means of investigation, and takes up so much more time, &c., than the pulse," &c. &c., and quotes Dr. J. B. Russell, who is instituting a careful series of experiments, &c.

For some years past I have used the thermometer as a means of testing the heat of the blood. I have never found it cumbrous or occupy too much time. I therefore point out the method as a hint to Dr. Russell in case he may not be aware of it. In health the blood is 98° F.; if the urine is passed on to the bulb of a thermometer it will register 98°; after meals or active exercise, 100° F.; solid stools mark 94° or 96° F.; fluid stools, 98° F. In this manner the heat of the blood may be always determined with accuracy, the heat of the blood and urine running *pari passu*. Where there is retention of urine, as in cholera, the fluid ejections will give the blood-heat. In this disease I have known it as low as 80° F.

I have not been able to complete the series of experiments I once entered upon from several causes; but suggest a fine field of observation to the scientific investigator of disease by this method, as in consumption, cholera, ague, against fevers, mania, &c. It would be a nice point to know what is the lowest blood-heat life can be maintained at, and capable of resisting pathological change. Can infusoria, the result of decomposition, exist in the blood prior to actual death? These and many other points have to be ascertained before we can assert our full knowledge of this protein compound.

Your obedient servant,
WM. STOKY, L.K.Q.C.P.I. and F.R.C.S.E.
Grove-street, South Hackney, Feb. 1865.

Dr. Joseph Stephens (Brighton) has drawn our attention to a letter in the *Morning News*, bearing the signature of "H. Mudge," of Bodmin, headed "Treatment of Fever; Caution." We think the Caution should be exercised by the public in receiving statements such as those made by Mr. Mudge. We have no wish to criticize too severely either his physiology, pathology, or therapeutics; but we cannot condemn too strongly the practice of addressing the public in the columns of a newspaper on points of treatment which are at present occupying the serious attention of many of the most eminent members of the profession. It is a system to which we drew attention in the last number of THE LANCET as one calculated to do serious injury to the public, and bring discredit upon the practitioners of medicine.

IS INSANITY SICKNESS?

Mr. John Munby writes:—"I am anxious to elicit from such of your readers as may have had their attention drawn to the subject, their opinion as to the liability of Sick Societies to pay for insanity as for sickness. I am told that one of the superior courts has decided that insanity is not sickness, and I should be glad to be informed where I may find such decision."

THE papers by *Dr. Marion Sims*, "On Difficult Menstruation," and by *Mr. Carter*, of Stroud, "On a New Form of Compound Objective for the Ophthalmoscope," shall be inserted next week.

Junior U.S.C.—It is most probable that our correspondent would not benefit others, and do direct injury to himself, by turning complainer.

CAN "COMMON SENSE" CO-EXIST WITH "A STATE OF MIND UNSOUND"?

To the Editor of THE LANCET.

SIR,—Scarcely a paper which has fallen in my way of late but has chronicled the suicide of the boy Fewings in the Dissenters' Cemetery Chapel at Tiverton, a little yet notable town in Devonshire (dear old Devonshire), which my Lord Palmerston (cum Mr. Denman) appears to represent in Parliament assembled. In this important lace-bound townette, F. Mackenzie, Esq., the borough Coronor, holds inquests, and upon the melancholy event referred to, the suicide, "the learned Coroner remarked on the exhibition of *good sense* manifested by the deceased's ingenuity....."

"The jury.....unanimously returned a verdict that the deceased committed suicide while in a state of mind unsound....."

"The Coroner concurred in their verdict....."

Permit me, therefore, to ask such of your readers as devote their time and talent to the study of this subject whether "good sense" can co-exist with "a state of mind unsound"? I am, Sir, yours truly,

February, 1865. INQUIRER.

CORONER'S INQUEST IN LEEDS.

ASSUMING the statements of *Veritas* in the *Leeds Mercury* to be capable of legal proof, we think he is warranted in asserting that the conduct of the Coroner of Leeds was most disrespectful to a medical practitioner. Of course, if *Veritas* is fully assured of the correctness of his statements, it would be a humiliation, to which he should not submit, to make an apology for acting in the public interest. We have no hesitation in saying, from the facts relating to the first case in his letter, that the inquest was imperfect, and the verdict a mere assumption. We append the statement, so that there may be no misunderstanding upon the point:—

"Early one Sunday morning, about six weeks ago, I was called to see the body of a child which had died suddenly in the night. The mother informed me that it had always enjoyed excellent health, and she supposed that death was caused by another child overlaying it. In that opinion I entirely concurred. The Coroner was informed of the circumstance at once. Some days elapsed, and I received no communication whatever respecting my presence being required, though I was daily awaiting it. You may imagine, gentlemen, how great was my astonishment when the report reached me that the jury had not only been summoned, but had returned the verdict 'Died in a fit.' I ask how, in the name of common sense, could they have returned such a verdict, when no external evidence was present? The muscles of the body were in no way flexed, and all external signs of convulsion were absent. Indeed, the opinion of another medical gentleman and myself was entirely opposed to the supposition that a fit was the cause of death."

In the second case detailed by *Veritas*, if the Coroner declined to hold an inquest, which, however, would appear to have been necessary, it would have been simply an act of common politeness to have informed the medical gentleman concerned of his decision.

A. C. L.—Perhaps a search through some of the Medical Directories of six or seven years past may elucidate the matter.

Anti-Tobacco.—The "cause and effect" are not quite clear.

SPECIAL EXAMINATIONS IN MIDWIFERY.

To the Editor of THE LANCET.

SIR,—Registration is now in most places acknowledged as proof of professional qualification. Thus we continually witness the absurdity of the simple M.R.C.S. holding a post of *medical* rather than surgical responsibility; and notwithstanding the express provisions of the College of Surgeons to qualify its members to practise midwifery, we again find the simple M.R.C.S. holding the position of accoucheur to public charities.

If registration qualifies a man to practise every branch of his profession, why do we go in for special examination in Medicine and Midwifery? But the point I want to allude to chiefly is this. Why should the twenty cases of Practical Midwifery requisite for the L.M. be required of a man after he has taken his M.R.C.S., and before he has shown himself competent to *conduct those twenty cases?* This attendance ought to be compulsory *before* a man has opportunity (as a M.R.C.S. has) of covering his obstetrical mistakes by certificates of death. Surely they ought to be attended under the supervision of a teacher of midwifery; yet in point of fact they often are not, for they are attended frequently by the M.R.C.S. who has just started practice on his own responsibility, and without any guide. If he is thus competent to deal single-handed with his first twenty cases, why not with his next 2000?

But the worst lies here. If he goes up for the L.M., and shows his ignorance, and becomes disqualified by examination in Midwifery, he is sent back to endanger the lives of at least ten more women, again, it is to be feared, without any other guide than his own ignorance.

Yours faithfully,
February, 1865. UNPROTECTED FEMALE.

South American Beef Company.—We are not acquainted with the address of the German gentleman named, which might, however, we doubt not, be obtained by application to Professor Liebig, of Munich.

A. T.—1. If the age of a person revaccinated is over eleven years, a return need not be made to the registrar of the district.—2. Loss of appointment for not fulfilling its duties, and probably a penalty of twenty shillings.

Vindicator.—There is something worth pondering in the question submitted to us; but any action at present would, we fear, be thought Quixotic.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of THE LANCET.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

Dr. J. Cogan, Wheatley	£1	1	0
Dr. F. J. Sandford, Market Drayton	1	1	0
Dr. J. S. Belcher, St. George's East	0	10	6
Amount previously announced	114	8	6
Received at THE LANCET Office	7	17	6

Yours obediently,
ROBERT FOWLER, M.D.,
Treasurer and Hon. Sec.

145, Bishopsgate-street Without, Feb. 16th, 1865.

P. (Liverpool) is informed that indulgence in the pernicious habit to which he refers is injurious and debasing. With regard to the symptoms thus engendered, he cannot do better than consult some respectable practitioner in the town in which he resides, avoiding all who advertise.

W. B., (Engineer.)—The MS. will be left at the Office until called for.

OVARIOTOMY.

To the Editor of THE LANCET.

SIR,—In reference to the annotation in your journal of February 4th from the *London Review*, I think there is a mistake. Some time ago I communicated with Professor Kuberlè on the subject of ovariotomy, and stated that my recoveries exceeded 75 per cent.; and I believe the Professor afterwards wished to direct the attention of the French Academy *to that fact*, not that his cases presented such results, which I believe were few.

Yours respectfully,
Manchester, Feb. 14th, 1865. CHAS. CLAY, M.D.

PROFESSIONAL CHARGES.

Mr. Chandler writes on this subject that he has attended for some time the practice of the Orthopædic Hospital, and that Mr. Tamplin considers it unnecessary to adjust the instruments of the patients there daily, and that these cases do exceedingly well without it. He observes that surgeons generally are in the habit of treating these cases by the aid of special appliances to be obtained from instrument-makers, and do not find the daily adjustment necessary.

M. J. (Barton-crescent) complains with justice of the wet, dirty, and therefore unhealthy state of the streets. The fetid exhalations from roadways inches thick in complex muddy paste of organic and inorganic matters are obviously injurious. Many persons suffer greatly during periods of excessive dampness of the air, and the state of the roadways aggravates their suffering. If the numerous paupers and destitute poor were set to work to clean this mud away, and to make our streets dry and passable, it would be a source of honest remuneration for them, and of great comfort to the inhabitants of London.

SUBSCRIPTIONS FOR MRS. THOMAS.

THE following sums have been received in aid of the above Fund:—

J. M. Knapp, Esq., Surgeon, H.M. 23rd N.L.I., Kurrachee ...	£10	0	0
Heather Bigg, Esq.	1	1	0
G. Bond, Esq., Adelaide-road, per Mrs. John Watts	0	10	6
A Friend, Birmingham, ditto	0	5	0
G. O. W. Digby, Esq., Sherborne	5	0	0
Collected by Mrs. Alex. Wilson	3	8	0
Lord Bayning, per Coutts and Co.	1	0	0
Dr. H. Jephson, ditto	5	0	0

Both must authenticate his communication with his name and address, not necessarily for publication.

A Subscriber.—Impossible. We have always abundance of material.

THE BRITISH PHARMACOPŒIA.

To the Editor of THE LANCET.

SIR,—Several months ago you stated in a short article that it was not advisable for the profession to use the British Pharmacopœia, as Mr. Warrington was engaged in revising it, and there might be many material alterations. This has not yet been done, and I with many others would like to know what course to take. The Pharmacopœia, as it now stands, is a poor affair; the doses of the preparations are not given, nor the proportion of the active principle in each, and the general practitioner has not time to make calculations necessary to ascertain what should have been stated in a work intended for the use of the profession. Yours obediently,

Birmingham, Feb. 13th, 1865. M.R.C.S. and L.S.A.

P.S.—I merely want to know if we should use the book as it is now, or wait until the revision has taken place; for goodness knows when that may be.

*** The delay which has taken place has been excessive, and we think indefensible. Reports were called for from Mr. Warington and from Professor Redwood. These reports were submitted to the Pharmacopœia Committee. It is not yet known authentically what course will be taken, or to which of these gentlemen the Editorship will be entrusted. Meantime prescribers will continue to disregard the British Pharmacopœia altogether. It is a work of no authority in its present imperfect state.

Inquirer.—1. The works may be procured on application to a bookseller.—2. Any surgeon will give advice upon this point.—3. If the preparations are injurious they should not be used.

X. X. X. will oblige by forwarding the information.

P. (Liverpool) may consult the works of Mr. Acton and Dr. M. Wilson.

CORONERS' INQUESTS: MEETING AT THE BEAUMONT INSTITUTION.

To the Editor of THE LANCET.

SIR,—Adverting to the letter from Dr. Edmunds which appeared in your last number, I have, on the part of the Committee, to request a short space in your next for a reply thereto.

At the meeting held at the Beaumont Institution, Dr. Edmunds proposed an amendment, and it was *by virtue of his proposing that amendment* that the Chairman considered him entitled to be placed on the Committee; but at the first meeting of that Committee it was *unanimously* decided that the Chairman of the Committee should request Dr. Edmunds to resign. He did so request, and Dr. Edmunds' connexion with us is at an end.—Yours, &c.,

February, 1865. SAML. THOMPSON, Hon. Sec. *pro tem.*

T. G.—The printed papers of the examination of the Royal College of Surgeons may be had on application to Mr. Hodgson, 1, Gough-square, Fleet-street. Send seven postage stamps.

Mr. J. Gibb.—The *Edinburgh Medical and Surgical Journal.*

A. B. C.—The case is one of unusual complication; but we think that the lady should be placed in a position to choose for herself. Under the peculiar circumstances of the case, and the near relationship existing between the two practitioners, would it not be best for both to give up charge of the patient?

A Militia Surgeon.—The subject shall be noticed in the next LANCET.

TEST FOR THE PRESENCE OF THE POISON OF SCARLET FEVER (?)

To the Editor of THE LANCET.

SIR,—We have been visited in the neighbourhood where I reside by a slight epidemic of scarlet fever, and of course people are rather chary of renewing their association with persons whose houses have been infected; but one of the practitioners here has announced with reference to one house in which nearly the whole family were attacked, "that he had tested all the reception-rooms, and found them perfectly free from scarlet-fever poison."

Can you or any of your readers enlighten me as to how this is accomplished?—for if the possibility exists of tracing the presence of scarlet fever after its visit, how much more valuable would it be for preventive purposes.

I am, Sir, faithfully yours,

February, 1865. ENQUIRER.

Dr. Clay's paper on "Ovariotomy;" *Dr. Cobbold's* letter on "Entozoa in Veal and Beef;" articles on the Indian Medical Service, on the Diet of Hospital Officers, and on the Naval Medical Warrant; the letter from our Aberdeen correspondent; with other papers and communications, are unavoidably postponed until our next issue.

Spes should make the inquiries of his usual medical attendant, who will be able to furnish him with the information he requires.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Jenner; Dr. Barnes; Dr. Cobbold; Mr. T. Holmes; Mr. Power; Mr. Bothwell (with enclosure); Dr. Cory; Mr. Chandler; Mr. Rudall, Melbourne; Mr. Henson, Manchester (with enclosure); Mr. Powdrell; Mr. Roberts; Mr. Thornton; Mr. S. Thompson; Mr. Farrar; Mr. Cæsar; Mr. Hordley, Etruria; Mr. T. Wise, Castletown; Mr. Vernon (with enclosure); Mr. Fernie; Mr. Adams, Southampton; Mr. Crofts (with enclosure); Mr. Ransom, Darlaston; Mr. Colman, Bury; Dr. Cooper, Dodington (with enclosure); Mr. Collingridge; Mr. Hall; Mr. F. Sidney; Mr. Maude, Margate; Mr. Adair, Kurrachee; Mr. Swales, Sheerness; Mr. Mason; Mr. MacManis; Mr. Miles, Plymouth; Mr. Beaman, Upholland; Mr. Lomas; Mr. Spackman, Farringdon; Mr. Davis; Mr. Jubb, Halifax; Mr. King; Mr. Ellis; Mr. T. Smith; Mr. Webb; Mr. Jackson; Dr. Hawkes, Horncastle (with enclosure); Mr. Straton; Mr. Brookes; Mr. Farrow; Mr. Greer, Over Darwen; Mr. Day (with enclosure); Mr. Williams, Carnarvon; Dr. Stephens, Brighton; Dr. Bell, Edinburgh; Dr. Clay, Manchester; Dr. Plumbe; Mr. Knapp, Kingston; Mr. Crampton; Mr. Reid (with enclosure); Mr. Morris; Mr. Spanton, Etruria; Mr. Wakeworth (with enclosure); Mr. D. Jones; Mr. Harper (with enclosure); Dr. Fotherby; Mr. Evershed; Dr. Allen, Yealand Conyers; Mr. Lawrence, Bath; Mr. Times (with enclosure); Mr. Butler, Wycombe; Mr. Meadows; Messrs. Day and Son; Mr. Austin, Clifton; Mr. Townsend (with enclosure); Mr. Manby; Mr. Foster, Chatham; Mr. Glover, Leamington; L.R.C.P.E.; A Militia Surgeon; M.D.; H. H. H.; Omega (with enclosure); A Surgeon, India; Spes; A. T.; A. E.; T. R. B.; Chirurg. Ind.; A. B. C.; Enquirer; Royal College of Surgeons, Edinburgh; M.R.C.S. Lond.; Anti-Tobacco; General Practitioner; L.R.C.P. Edin.; &c. &c.

THE *Hampshire Advertiser*, the *Madras Athenæum*, the *Cork Constitution*, the *London Mirror*, the *Cork Daily Reporter*, the *South Bucks Free Press*, the *Clifton Chronicle*, the *Coventry Standard*, *Westcott's Local Press*, the *Ayr Advertiser*, the *Chatham News*, the *Oxford Times*, the *Bucks Herald*, and the *Colonial* (Jamaica) *Standard* have been received.

Medical Diary of the Week.

Monday, Feb. 20.

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Mammalia."

MEDICAL SOCIETY OF LONDON.—8½ P.M. Mr. de Méric: "Clinical Experience in Syphilis."

Tuesday, Feb. 21.

GUY'S HOSPITAL.—Operations, 1½ P.M.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Electricity."

PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

ETHNOLOGICAL SOCIETY OF LONDON.—8 P.M. Mr. John Crawfurd, "On the History of Cannibalism in reference to Social Progress." — Mr. Travers, "On the Destruction of the Aborigines of Chatham Island by a Maori Invasion."

Wednesday, Feb. 22.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. MARY'S HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.

GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.

LONDON HOSPITAL.—Operations, 2 P.M.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Mammalia."

HUNTERIAN SOCIETY.—7½ P.M. Council Meeting. — 8 P.M. Mr. Maunder, "On a Case of Pistolshot Wound of the Chest, Surgically and Medico-legally considered." — Mr. Cooper: "Observations on Chloroform Inhalation, with a Description of a New Inhaler."

MEDICAL SOCIETY OF LONDON.—8½ P.M. Lettsomian Lectures: Mr. Henry Smith, "On the Treatment of Hæmorrhoids and Prolapsus of the Rectum."

Thursday, Feb. 23.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.

LONDON SURGICAL HOME.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Electricity."

Friday, Feb. 24.

WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Mammalia."

ROYAL INSTITUTION.—8 P.M. Mr. John Evans, "On the Forgery of Antiquities."

Saturday, Feb. 25.

ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.

KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.

ROYAL FREE HOSPITAL.—Operations, 1½ P.M.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.